

**State Performance Plan / Annual Performance Report:
Part C**

for
STATE FORMULA GRANT PROGRAMS
under the
Individuals with Disabilities Education Act

**For reporting on
FFY18**

Alabama



PART C DUE February 3, 2020

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

Alabama's Early Intervention System (AEIS) provides services to children with disabilities, birth to three, and their families based on state and federal regulations and Alabama's 7 Core Values. These values, as outlined in the law, ensure that recommended practices are incorporated into all services provided throughout the system. The Core Values require that the system and services be:

1. Family Centered
2. Developmentally Appropriate/Evidence-Based Practice
3. Individualized
4. Provided in Natural Environments
5. Training and Equipping the Parent/Caregiver
6. Collaborative
7. Routines-Based

Supervision and monitoring of programs statewide are based on the rules, regulations, and these Core Values, in addition to the use of evidence-based practices (i.e., the DEC Recommended Practices and the Routines-Based Interview Model), and the OSEP indicators.

The AEIS SPP-APR is being submitted based on supervision/monitoring results, evaluation of outcomes, family survey data, ongoing data collection/analysis and stakeholder input. Data indicates that in 6 of the 17 reporting indicators, programs achieved over 95%, including a 99.10% in settings, a 98.90% in families knowing their rights, 95.30 for families feeling they can effectively communicate their needs, 99.00% for families feeling they are able to help their child develop and learn, 99.25% for the 45 day timeline and 100% for transition meetings..

Actual data for FFY 2018 are as follows:

Indicator 1: 91.56%

Indicator 2: 99.53% (exceeded target)

Indicator 3A1: 78.64% (exceeded target - SiMR)

Indicator 3A2: 59.13%

Indicator 3B1: 83.50% (exceeded target)

Indicator 3B2: 48.92%

Indicator 3C1: 82.12% (exceeded target)

Indicator 3C2: 58.95%

Indicator 4A: 98.92%

Indicator 4B: 95.35%

Indicator 4C: 99.09% (achieved target)

Indicator 5: .69% (exceeded target)

Indicator 6: 2.08% (exceeded target)

Indicator 7: 99.26%

Indicator 8A: 93.89%

Indicator 8B: 92.16%

Indicator 8C: 100% (achieved target)

Indicators 9 and 10 were NA due to no complaints or resolution sessions

Indicator 11 target for FFY 2019: 71.7%

State monitoring data (Provider Appraisal Review or PAR) were used in determining progress on the 100% indicators. The PAR monitoring manual was revised during FFY 2018 reflect state policy changes related to personnel supervision, personnel training requirements, self-monitoring and reporting. A copy of the most recent Provider Appraisal Review monitoring manual is available upon request. For all areas of noncompliance as per supervision and monitoring, action plans were developed and individual child records were brought back into 100% compliance within one year.

Child outcomes data were collected via the Child Outcome Summary process (COS). The data related to Alabama's State Systemic Improvement Plan SiMR (i.e., substantial progress in social emotional development) exceeded the target. All three OSEP child outcome areas exceeded the target for Summary Statement 1 (substantial progress).

Family outcomes data were collected via a Family Survey process conducted by an independent research entity at Auburn University in Montgomery. This family survey is conducted via a sampling over a three year period whereby, every three years, all families in all programs are surveyed (sampling plan has been approved by OSEP). The results reflected high percentages on all three indicators (over 95%), with families knowing their rights ranking at 98.91% and families feeling that they are able to help their child develop and learn ranking at 99.00%. The research methodology for this Family Survey was as follows:

Data for the Overall Alabama Early Intervention Experience Rating were collected as part of the PAR Family Survey for Alabama's Early Intervention System. Eighteen (18) programs completed the PAR process in federal fiscal year 2018.

Research Methodology

During federal fiscal year 2018, eighteen (18) Early Intervention programs were evaluated in order to assure that families currently involved are receiving the service and assistance they need. A total of one thousand one hundred fifty-two (1152) families involved in the programs under the Alabama Early Intervention System were evaluated in federal fiscal year 2018. Five hundred four (504) families completed the family satisfaction survey by telephone. Six hundred twenty-nine (629) families could not complete the survey by telephone because of "No English/Language Problem," "Disconnected," "Wrong Number," "Incorrect Address & Telephone Number," and "Unable to Contact." These families were mailed a family satisfaction survey and sixty-four (64) surveys were completed by mail. All contact with families involved with the Early Intervention programs were made between May 2018 and June 2019.

Analysis of Survey Findings

The family satisfaction questionnaire utilizes 3 types of responses: a four-point rating scale; a Yes/No response scale; and open-ended responses. The four-point rating scale used was: "Excellent", "Good", "Fair", and "Poor". The values for the scaled response questions ranged from 4 for "Excellent" to 1 for "Poor". All responses were then summarized and a percentage score was computed. The percentage scores are based upon a maximum of 100%. Data was collected as part of the PAR Family Survey for Alabama's Early Intervention System for the programs that completed the PAR process in federal fiscal year 2018. The response rate was 49%.

The number of children and families served showed an increase from 7335 in FFY 2017 to 7489 in FFY 2018. The number of referrals also increased from 8713 in FFY 2017 to 9481 in FFY 2018. This increase is due, in part, to an expanded statewide Public Awareness Week conducted in April 2018 by the Public Awareness Subcommittee of the ICC with each District targeting the low referring counties and those with a poor health index.

The ICC serves as the primary stakeholder group providing ongoing guidance and input into the development of the SPP/APR and SSIP (State Systemic Improvement Plan). Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, and public reporting of program status. In addition, ICC Subcommittees and special task groups (such as, but not limited to, the Early Childhood Workgroup for Young Children with ASD; the Early Intervention-Preschool Conference planning committee; the RBI workgroup; the Teletherapy workgroup) are given updates and ongoing opportunities for input throughout the year in the development of all aspects of AEIS and the SPP/APR. The AEIS state office has a Leadership Team that identifies and involves additional broad-based stakeholder groups, and all providers statewide are provided with ongoing formal and informal opportunities for input.

AEIS is pleased to provide the FFY 2018 SPP/APR as approved by the ICC and applauds the outstanding work of personnel in local Early Intervention Programs across Alabama. AEIS also thanks the OSEP state lead, Kate Moran, and the OSEP TA Centers for their support and guidance.

General Supervision System

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

The Lead Agency, Alabama Department of Rehabilitation Services (ADRS) Division of Early Intervention is responsible for general administration and supervision/monitoring of compliance for community-based early intervention programs (and District Early Intervention Coordinators) providing services under Part C of the Individuals with Disabilities Education Act (IDEA). Assisting ADRS/Division of Early Intervention (DEI) in monitoring are contracting agencies' liaisons from the Department of Mental Health (DMH), the Alabama Institute for Deaf and Blind (AIDB) and the Early Intervention Division (under ADRS). Administrative methods for supervision and monitoring for continuous improvement includes extensive and targeted Technical Assistance (TA) and Provider Appraisal Reviews (PAR) to ensure compliance with Part C regulations.

PROVIDER APPRAISAL REVIEW (PAR)

The Provider Appraisal Review (PAR) documents how programs assist families in developing and meeting appropriate functional outcomes and ensure that early intervention services enhance the capacity of families to improve their children's development PAR also ensures that programs remain in compliance with state and federal regulations.

The PAR process emphasizes program quality, child and family outcomes, effectiveness, evidence-based practices, and compliance with rules and regulations under Part C of IDEA. Programs are expected to protect procedural safeguards of families during referral, eligibility determination, IFSP development, transition planning, service delivery and closure.

PAR COMPONENTS:

In addition to the OSEP 100% Target Indicators, there are seven (7) components for which information is collected in a Provider Appraisal Review and describe indicators that determine compliance based on federal and state regulations.

- OSEP 100% Target Indicator Timely IFSP
- OSEP 100% Target Indicator Timely Delivery of Services
- OSEP 100% Target Indicator Timely Transition Planning
- Child Find Referral and Eligibility Determination
- Family Assessment
- Individualized Family Service Plan Service Delivery and Natural Environments
- Procedural Safeguards
- Data Collection
- Comprehensive System of Personnel Development (CSPD)
- Public Awareness and DCC Collaboration

SELECTION OF RECORDS FOR PAR

Program personnel are responsible for ensuring required documentation and records are available. A 100% data review is completed during a pre-PAR period. AEIS will randomly select records and provide programs with a list of the names on the day of PAR. A cross-section of needs and demographics

(diagnoses, race, services, residence, etc.) are considered. It is the expectation that each program will have a record review process in place prior to PAR date (supervisor review, peer review etc.) Monitors will expect programs to describe ongoing internal review methods utilized. At least 10 records but no more than 15% of their program's total caseload will be selected for review, however, monitors reserve the rights to select additional records if needed. Targeted records will be reviewed for detailed discussions on how service delivery determinations were made, identified challenges, strategies that were successful, family involvement status, specific interventions that promote improvement and other factors that affect programs quality improvement. All records selected will be subject to a complete or partial review.

DETERMINING PROGRAM QUALITY & COMPLIANCE AT PAR

A program will participate in a PAR at least every three (3) years regardless of status at a prior Technical Assistance and Record Review. Compliance will be determined based on review of records and data at PAR. Data, as entered in GIFTS by service coordinators are used to report a program's annual performance to OSEP. If a program is found to be "Out of Compliance", an Action Plan will be developed outlining actions to reestablish compliance within one year and to bring individual child-specific issues back into compliance immediately. Follow-up reviews are based on the length of Action Plans and may require additional scheduling but may be reviewed as a desk audit for specific documentation. Per federal regulations, AEIS is considered "Out of Compliance" if a program does not reestablish compliance within one year. A written PAR Report with Action Plan for correcting findings of non-compliance is provided to programs within four (4) weeks following the PAR.

SANCTIONS

ADRS/EI may impose sanctions under the following circumstances:

- ADRS/EI determines service provider failed to reestablish compliance within specified periods of time and within federally required year
- Program fails to address recommendations or to meet requirements of an Action Plan
- Program utilizes Part C dollars for activities which are not in compliance with Part C regulations.
- Program has ongoing compliance issues

These sanctions include but may not be limited to:

1. Repayment of misapplied federal and state funds based on federal and state regulations.
2. Withholding state and federal funds until corrective action is taken to insure Part C compliance.
3. Additional PAR Review of all program records.
4. Withholding referrals to programs for specified period of time.
5. Cancellation of a program contract.
6. Other sanctions as deemed by the Lead Agency.

PROGRAM SELF-ASSESSMENT

Programs are expected to have in place an internal process for self-assessment on a continuous basis. Programs must use AEIS TA/PAR checklists or develop their own methods to self-assess to insure compliance. Monitors will expect programs to describe their ongoing internal review process and methods.

FAMILY SURVEY

To ensure that families have an opportunity to provide valuable information in a confidential manner, a family survey is conducted by an independent reviewer. Family surveys are generally conducted each time a program participates in a PAR. The goal of the family survey is to determine families' perspective about their EI experience and providers' capabilities to train and equip them so they may help their children achieve functional outcomes. There is a focus on families' perspectives of service coordination, service delivery, community-based resources, plan development and procedural safeguards. AEIS staff and monitors use information and trends data to identify program and systemic issues that warrant further review. Responses of less than 90% satisfaction to individual questions require a program to identify in writing new strategies to address the 10% or more.

GIFTS DATABASE (Giving Infants, Families and Toddlers Support)

GIFTS database was created to compile and report relevant data about referrals, eligibility, services, transition, and other information. GIFTS database reports quantifiable data by programs, counties and districts to identify trends and strategies for collaborative service planning. These reports with monitoring information and results are generated for OSEP annually for purposes of making a State Determination (federal equivalent of PAR) and determining the success of outcomes. GIFTS reports are utilized to assist with TA and investigation of family concerns. Programs also receive a "determination" based on monitoring results, family survey data, and other program information. EI program profiles are posted on the website annually.

FINANCIAL AUDITS

Contracting agencies (Department of Mental Health, Alabama Institute for the Deaf and Blind, Alabama Department of Rehabilitation Services/Early Intervention) are responsible for reporting and verifying independent program audits which occur during a PAR cycle. ADRS Internal Audit Team will provide technical assistance, training and reports based on their review of program financial records. Face-to-face audits are performed by ADRS Internal Audit Section every other year reviewing the previous two years.

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.

Program participation in technical assistance (TA) activities is required at least twice annually. The purpose of TA's is to ensure that programs have opportunities to discuss with AEIS and contracting agency any issues, safeguards or procedures. An AEIS primary monitor will be assigned to each program. Monitors educate programs regarding federal and state regulations, engage in discussions of best practices in early intervention, assess and review program data, address training needs of personnel and monitor Action Plans from previous reviews, and provide TA to address any compliance needs etc.

TA's help to inform all personnel annually regarding recommended practices, policies and system information and provide consistent information. Agency liaisons are on monitoring teams (AIDB, DMH and EI/ADRS) and participate in all TA's and Provider Appraisal Reviews. Agency liaisons are also required to participate in TA's if program is in a status of "Out of Compliance". Agency liaisons may provide independent TA's to programs. Technical Assistance (TA) may include but IS NOT limited to any combination of the following:

- Record reviews (on-site review, database, desk audits; specific data review of outcomes/service delivery patterns/family survey results/program profiles/and other pertinent information)
- District Training (district forum for discussing system concerns or interests)
- In-services or individual program requests
- Informal discussions with program (videoconference, teleconference, on-site forum)
- E-mail responses to program inquiries
- Review of TA or PAR Action Plans
- AEIS Policy Memoranda regarding administrative decisions and actions
- EI Updates

SELECTION OF RECORDS FOR TA

Record reviews are arranged annually based on mutually convenient dates and site for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year. The extent of reviews may be determined by AEIS staff depending on factors of historic performance, current data or family concerns or complaints. AEIS will randomly select records and provide programs with a list of the names on the day of TA.

Record reviews may include but are not limited to:

- Selected data and record review based on concerns, program performance and demographics. (A minimum of 3 files per service coordinator to include initial IFSP and transition records.)
- Desk audit of selected records and documents requested by EI state office staff
- Onsite review
- Review by satellite meetings
- Database review

PREPARATION FOR TECHNICAL ASSISTANCE AND RECORD REVIEW

TA DOCUMENTS

Programs scheduled for TA are requested to submit documents six (6) weeks in advance of the TA date.

Complete the following documents for TA: (found in the back of Manual)

Pre-TA Information Checklist as cover sheet for pre-PAR/pre-TA packet

Listing of Personnel Providing Part C Services and Qualifications (includes training)

Listing of Para-professional Personnel if applicable

Listing of Professional Evaluators

DETERMINING COMPLIANCE AT TA

At an EI program's TA, the program's compliance status will be evaluated as either "In Compliance" or "Out of Compliance". Compliance status will be based on a review to determine if state and federal rules and regulations have been followed and if best practices are implemented. A partial database review is also a part of this overall review. If there are findings based on limited data and record review, more records may be reviewed to help reestablish compliance. It is possible for a program to reestablish compliance on the same day of a finding if subsequent review reflects best practices and are in compliance. When reporting on the correction of noncompliance, AEIS must report, that it has verified that each program or provider with noncompliance is 1) correctly implementing the specific regulatory requirements based on a review of updated data such as data subsequently collected through on-site monitoring or through a database; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the program.

If a program is found to be "Out of Compliance", an Action Plan will be developed outlining actions to be taken to reestablish compliance by a target date. Follow-up reviews are based on the length of Action Plans and may require additional scheduling but may be reviewed as a desk audit for specific documentation. If a program is unable to reestablish compliance by the Action Plan target date, a Provider Appraisal Review (PAR) will be scheduled. Per federal regulations, AEIS is considered "Out of Compliance" if a program does not reestablish compliance within one year. This is based on OSEP's review of annual state data. TA reports will be provided to the program EI Coordinator or administrator by the primary monitor within 4 weeks following the TA.

ADRS/AEIS also reserves the option to conduct a PAR at any time based on:

- Family complaints for service issues
- Unresolved programmatic issues (including staffing concerns)
- Other issues which could impact services to families or affect compliance with state and federal regulations
- Not completing an Action Plan

MEDICAID OPTION AUDITING

EI Medicaid Option Reviews are conducted per program every other year unless there has been an issue found by the EI State Monitoring Team. The team consists of EI state office specialists and members of our partner organizations. (AIDB, DMH).

When an EI program is scheduled for a review, a list compiled of child names, service coordinator, service provided, date of service and number of units is sent to the program at least one week in advance. They are asked to have all of the information tabbed in the child's record.

AEIS team visits the program and look at the information requested to make sure all services listed were billed per date of service and number of units. The Team also reviews the provider or service coordinator notes to make sure they meet Early Intervention requirements.

Once the review is complete, an exit is conducted with the program to discuss what we reviewed. The exit is followed up with an EI Medicaid Option Review Report within 2-4 weeks of the visit.

Annual meetings are held to train and discuss financial issues and concerns to help support EI programs in their implementation of Part C. Ongoing Technical Assistance is also available through the state team, the Accounting and the Internal Audit Divisions of the lead agency throughout the year. Staff from these divisions are included in the Interagency Coordinating Council and Financial Planning Subcommittees.

Professional Development System:

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

The CSPD (Comprehensive System of Personnel Development) is an annual statewide plan that addresses three areas: Family Involvement, Personnel Development and Recruitment/ Retention. This plan is developed and approved by the Personnel Subcommittee of the ICC. The goals and guiding principles are as follows:

AREA ONE: Family Involvement

GOAL: Families of young children with disabilities (aged 12 or younger) will be active participants in AEIS. Guiding Principles: (1) Families should have input regarding workshops topics that are provided to address their identified interests and needs; (2) Families should be supported in such a way that their involvement in early intervention activities and training events are enhanced; (3) Families should assume leadership roles in training and technical assistance activities.

AREA TWO: Personnel Development

GOAL 1 - Standards: AEIS will have personnel standards that are consistent with current licensure and certification requirements in the state. Guiding Principles: (1) Up-to-date licensure and/or certification standards within each discipline providing EI services must be maintained by all AEIS personnel; (2) Personnel qualifications for the delivery of each AEIS service must be established and monitored.

GOAL 2 Training: AEIS will have highly qualified professionals delivering research/evidence-based services to eligible children and families. Guiding Principles: (1) Customized personnel training should be provided at the district level in response to local needs; (2) Global training should be offered at the state level that advances the knowledge/skill of service providers based on identified needs and peer-reviewed research; (3) On-site technical assistance should be available to support the application of knowledge/skill in the field; (4) There should be consistency in the interpretation and implementation of policies by direct service providers under the three anchor agencies (AIDB, AEIS/ADRS and DMH) and by individual vendors; (5) Conditional Special Instructors should have proficiency in core competencies for special instruction services; (6) Service Coordinators should have a working knowledge of the requirements of IDEA under AEIS, family centered philosophy, and recommended practice in EI service delivery; (7) The inclusion of children with special needs in home and community-based settings should be cultivated; (8) A variety of training venues should be offered for service providers and families; (9) The impact of training activities should be measured. The seven core values of recommended practice which are required to be utilized in service delivery and are infused in all training activities.

AREA 3: RECRUITMENT AND RETENTION

GOAL 1 Pre-service: Pre-service training in all EI related disciplines includes content in early intervention/pediatrics. Guiding Principle: Early intervention information should be included in pre-service class instruction for disciplines related to EI service provision.

GOAL 2 Recruitment/Retention: AEIS has innovative strategies and activities for the recruitment and retention of early intervention service providers. Guiding Principles: (1) High school students, community college students, university students, and other potential EI providers/vendors should be made aware of AEIS (AEIS will cultivate collaboration with the universities in fields of early childhood); (2) Early Intervention Program sites should be used as practicum and internship sites for college students; (3) Professionals and paraprofessionals who are willing to work in rural and inner city areas should be identified and recruited.

General Information:

Annually, activities are added to the CSPD plan based on SSIP goals, monitoring results, stakeholder input, provider and family input, and priorities of the state office. For FFY 2018, the following activities were accomplished:

1. Continued the AEIS Social-Emotional webinar. During FFY 2018, 39 providers participated.
2. Continued the Special instruction web-based workshop/mentorship. The SI Workshop takes place completely online. It is organized into 12 Modules with one week spent on each Module; and, the focus is on an intense study of the three US Department of Education - Office of Special Education Programs (OSEP) Child Outcome Indicators (COIs): These OSEP COIs are embedded in the study of:
 - IFSP development and implementation
 - Weaving intervention services into a family's established routines
 - Empowering parents to successfully guide and support their child's development
 - Conducting interventions that support motor, cognitive, social-emotional, communication, and adaptive skills
 - Making the most of natural learning opportunities in natural environments
 - Working in effective teams with professionals from diverse disciplines
 - Meeting the specific needs of children with all disabilities and/or risk areas, including autism, sensory disabilities, and cognitive and/or motor disabilities
3. Utilized family trainers as lead and co-presenters at the annual Early Intervention-Preschool Conference.
4. Implemented the updated Personnel Standards as per Personnel Subcommittee recommendations for the supervision of therapy assistants (i.e., Licensed Physical Therapy Assistant and Certified Occupational Therapy Assistant) and Special Instructors.
5. Required and facilitated training as per the SSIP, Provider Appraisal Review (PAR) monitoring, state initiatives/policies, family surveys and provider self-assessments on:
6. Continued training and Implementation of evidence-based practices through boot camps, statewide district TAs, individual program TAs, and conferences. These practices include the Routines-Based Interview and Intervention Model developed by Dr. Robin McWilliam and the DEC Recommended Practices.

The Routines-Based Model was adopted statewide for service coordinators and others using the University of Alabama's Evidence-Based International Early Intervention Office with Dr. Robin McWilliam. Boot camps were utilized to train service coordinators in implementing the model. Graduates from the boot camps were assigned as RBI trainers to ensure utilization of the RBI practice with fidelity statewide.

The DEC Recommended Practices were embedded in training, program monitoring (PAR) and technical assistance from the state leadership to ensure implementation with fidelity.
7. Used data in program level decision making. This is an ongoing activity through the PAR monitoring process, family survey and child outcome data monitoring. The data continued to be shared with programs during their PAR/TA to provide feedback and to provide TA on areas/strategies needing improvement. In addition, program profiles were disseminated statewide and reviewed at the program level through the monitoring process. Data are used for identifying strengths and needs for improving service delivery.
8. Provided leadership training for families in partnership with Family Voices of Alabama through the annual Early Intervention - Preschool Conference and through the Alabama Department of Early Childhood Education via a partnership with the Alabama Hands and Voices initiative.
9. Maintained and utilized an AEIS statewide Personnel Database for disseminating important information/policy updates and monitoring of available providers.
10. Collaborated with and strengthened relationships with higher education for training and practicum/internship experiences. Partnerships continued with the University of Alabama, Auburn University, and Samford University. Discussions and planning for the involvement of additional colleges/universities are ongoing.

Stakeholder Involvement:

The mechanism for soliciting broad stakeholder input on targets in the SPP/APR, and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State's Systemic Improvement Plan (SSIP).

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, policy, and public reporting of program status. In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting.

Each subcommittee follows specific By-laws for membership, which reflects diversity within the state. ICC subcommittees include Personnel Development, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team that identifies broad-based stakeholders and methods for gathering their input. There are also special committees which provide input on specific issues as needed (e.g., therapy assistant supervision, extended travel proposal, child/family evaluations and assistance, special meetings and public comment on eligibility requirements, and enhancement of services for children who are deaf or hard of hearing or on the autism spectrum).

The District Councils, which are comprised of the same stakeholders as the state ICC, but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, etc.) also provide feedback. During the fall District TAs, which are attended by all programs at the district level and District Early Intervention Coordinators, data and information related to the SPP/APR is discussed and input/feedback is solicited for system enhancement.

The "Blocks of Information" quarterly newsletter is distributed to all providers which includes SPP/APR updates, highlights of EI programs around the state, family stories, updates on policies, highlights of the quarter, and a recap of ICC committee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Families are involved in the ongoing feedback process (those serving on the ICC, ICC subcommittees and others selected by programs). The PAR Family Survey, conducted annually, includes specific questions that provide family input into system practice and child/family outcomes as per the SSIP. State and local conferences have been used to host family meetings and opportunities for input. AEIS partnered with Alabama Family Voices in hosting a Family Leadership luncheon and training which allowed for parent input.

Participation on the Special Education Advisory Panel, Head Start committees, Department of Human Resources QA state board, Department of Early Childhood Education Board, Perinatal Advisory Board, and Alabama Partnership for Children are also venues for gathering input.

The Inclusion Task Force, Alabama Partnership for Children, Strengthening Families and many other organizations and agencies allow AEIS to gather additional input and stakeholder buy-in as we strive to serve all eligible infants, toddlers and families.

All AEIS programs are now implementing the new infrastructure and practice policies and procedures as developed through the SSIP. These programs continue to provide feedback on the child outcome summary process, and data collection and methods of reporting on an ongoing basis. Revisions and future planning are based on this input for the APR and SSIP. Our SSIP outside evaluators from the School of Public Health at UAB have also developed a new input process via a statewide survey and one-on-one interviews to gather feedback and insight on a confidential basis to guide the direction, training and enhancements of the SSIP. AEIS has multiple methods of obtaining input and feedback.

AEIS and other state agencies working with young children in Alabama have been instrumental in the establishment of First 5 Alabama – Alabama Association for Infant and Early Childhood Mental Health. First 5 Alabama is a licensed affiliate of the Alliance for the Advancement of Infant Mental Health, a global organization that includes those states and countries whose infant mental health associations have licensed the use of the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health under their associations' names. The Part C Coordinator acts as the Chairperson for the First 5 Board of Directors. This organization and membership have provided additional opportunities for stakeholder input into the EI system and particularly the SSIP (SIMR) and work in the social emotional area.

Through the continued early childhood work, AEIS has many public and private partnerships with such organizations as the AL Department of Early Childhood Education Inclusion Task Force (a great partnership where the Part C Coordinator is the chairperson), Project LAUNCH, Help Me Grow, State Perinatal Advisory Committee – AI Department of Public Health (ADPH), New Born Screening Advisory Board (ADPH), Universal Newborn Hearing Screening Advisory Board (ADPH), Head Start Advisory, AL Department of Mental Health – Communities of Practice, AI Department of Human Resources Quality Assurance Board and Child Death Review committee, Alabama Partnership for Children Board, Birth Defects Registry Development with the ADPH, Family Voices, University of Alabama and Auburn University schools of special education/rehabilitation, bi-monthly meetings as a member of the Executive Leadership Team for Lead Agency, EI Autism Group, and the 2020 Census work. AEIS has been able to utilize multiple opportunities to share data, information and solicit input from these valued partners. Additional information on each partnership and these initiatives is available upon request.

Apply stakeholder involvement from introduction to all Part C results indicators (y/n)

YES

Reporting to the Public:

How and where the State reported to the public on the FFY 2017 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2017 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2017 APR in 2019, is available.

The completed SPP/APR for FFY 2017 has been posted on the AEIS website for final public dissemination. In addition, data compiled for the APR has been and will continue to be routinely shared with the ICC, ICC subcommittees, local councils, stakeholder groups and state fiscal agents on a at least a quarterly basis. This sharing is intended for ongoing public dissemination, stakeholder input, and assistance in the ongoing provision of technical assistance and monitoring of AEIS programs. A complete copy of the AEIS SPP/APR for FFY 2017 can be found at www.rehab.alabama.gov/ei.

As per OSEP requirements, AEIS reported to the public on the performance of each EIS program in meeting the measurable and rigorous targets found in the Part C SPP/APR. The FFY 2017 Program Profiles were disseminated to state agency liaisons, program administrators and to the public via web posting and direct dissemination. The profiles may be viewed at <http://www.rehab.alabama.gov/individuals-and-families/early-intervention/resource-library/ei-program-profiles>. AEIS will disseminate and post the FFY 2018 Program Profiles within 120 days after submission of the SPP/APR.

Intro - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

Intro - OSEP Response

The State did attach a signed copy of their 2020 Annual Report Certification of the Interagency Coordinating Council (ICC) Form. However, the attached ICC Form was not complete.

The State did not provide verification that the ICC form attachment included in its FFY 2018 SPP/APR submission is in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), as required by Section 508 and noted in the FFY 2018 SPP/APR User Guides and technical webinar.

The State did not, as required by the measurement table, provide a target for FFY 2019 for Indicator C-11/State Systemic Improvement Plan (SSIP).

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans(IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline	2005	96.60%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	94.54%	98.22%	95.85%	95.75%	95.37%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
684	794	95.37%	100%	91.56%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

During FFY 2018, there were 47 findings out of 23 programs that accounted for slippage. Attached is a document outlining findings in FFY 2018 for each program and their resolution (Reasons for Slippage Timely Service FFY 2018). Specific reasons for delays in timely services included:

- Provider illness
- Inclement weather
- Miscalculations of 30 day timeline with months that have 31 days
- Lack of provider availability in area

Staff turnover
Scheduling issues

Reasons for delay related to exceptional family circumstances were as follows:

- Family or child illness
- Family out of town
- Other family obligations (e.g., court, medical appointments)
- Family not available until after the deadline (e.g., work schedule)
- Personal reasons (e.g., new baby, death in family)
- Family emergency
- No show by family
- Inclement weather

Number of documented delays attributable to exceptional family circumstances

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

43

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

Timely receipt of services is defined in Alabama as the initiation or attempt to deliver services within 30 days of service begin dates on the IFSP.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All AEIS programs are required to participate in technical assistance annually and program monitoring every three years. This scheduling process ensures that all programs are selected for a monitoring and/or TA review and are representative of infants/toddlers and families with IFSPs for the full reporting period. The purpose of these activities is to ensure that programs have opportunities to discuss with AEIS and contracting agencies issues, safeguards and procedures. An AEIS primary monitor is assigned to each program. Monitors educate programs regarding federal and state regulations, engage in discussions of evidence-based practices in early intervention, assess and review program data, address training needs of personnel, monitor Action Plans from previous reviews, and provide TA to address any compliance needs. Follow-up reviews are based on the length of Action Plans and may require additional scheduling, but may be reviewed as a desk audit for specific documentation. If circumstances warrant, ADRS/EI staff may remove records from the program to complete a more thorough review. A written PAR Report with Action Plan for correcting findings of non-compliance is provided to programs within four (4) weeks following the PAR (Provider Appraisal Review).

Record reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year. The extent of reviews may be determined by AEIS staff depending on factors of historic performance, current data or family concerns or complaints. AEIS randomly selects records and provides programs with a list of the names on the day of review.

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

XXX

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

XXX

If needed, provide additional information about this indicator here.

Correction of Findings of Noncompliance Identified in FFY 2017

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
35	35	0	0

FFY 2017 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

Each program that had findings of noncompliance was issued an action plan that included documentation that the program was correctly implementing the regulatory requirements. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year and that each individual case of noncompliance was addressed. The programs were subsequently notified in writing that they had achieved compliance within one year.

A description of the individual program findings and verification of their implementation of regulatory requirements and correction of individual cases of noncompliance are provided in an attachment (Timely Service Verification of Correction from FFY 2017).

Describe how the State verified that each individual case of noncompliance was corrected

Verification of correction of each individual instance of noncompliance was conducted through the PAR monitoring and TA process. Each child record found to be out of compliance had an associated action plan that included timely correction and compensatory services as needed. Each individual case of noncompliance as reviewed by the monitoring team was subsequently determined to have been addressed by the programs as per their action plan and that the program was meeting regulatory requirements. Details of the findings and determinations of correction are provided in an attachment (Timely Service Verification of Correction from FFY 2017).

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

1 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

1 - OSEP Response

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2017 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2017: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

The State did not provide the reasons for delay, as required by the measurement table.

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline	2005	87.40%			
FFY	2013	2014	2015	2016	2017
Target>=	94.00%	95.00%	96.00%	97.00%	98.00%
Data	99.87%	99.77%	99.87%	99.91%	99.89%

Targets

FFY	2018	2019
Target>=	99.00%	99.10%

Targets: Description of Stakeholder Input

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, policy, and public reporting of program status. In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting.

Each subcommittee follows specific By-laws for membership, which reflects diversity within the state. ICC subcommittees include Personnel Development, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team that identifies broad-based stakeholders and methods for gathering their input. There are also special committees which provide input on specific issues as needed (e.g., therapy assistant supervision, extended travel proposal, child/family evaluations and assistance, special meetings and public comment on eligibility requirements, and enhancement of services for children who are deaf or hard of hearing or on the autism spectrum).

The District Councils, which are comprised of the same stakeholders as the state ICC, but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, etc.) also provide feedback. During the fall District TAs, which are attended by all programs at the district level and District Early Intervention Coordinators, data and information related to the SPP/APR is discussed and input/feedback is solicited for system enhancement.

The "Blocks of Information" quarterly newsletter is distributed to all providers which includes SPP/APR updates, highlights of EI programs around the state, family stories, updates on policies, highlights of the quarter, and a recap of ICC committee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Families are involved in the ongoing feedback process (those serving on the ICC, ICC subcommittees and others selected by programs). The PAR Family Survey, conducted annually, includes specific questions that provide family input into system practice and child/family outcomes as per the SSIP. State and local conferences have been used to host family meetings and opportunities for input. AEIS partnered with Alabama Family Voices in hosting a Family Leadership luncheon and training which allowed for parent input.

Participation on the Special Education Advisory Panel, Head Start committees, Department of Human Resources QA state board, Department of Early Childhood Education Board, Perinatal Advisory Board, and Alabama Partnership for Children are also venues for gathering input.

The Inclusion Task Force, Alabama Partnership for Children, Strengthening Families and many other organizations and agencies allow AEIS to gather additional input and stakeholder buy-in as we strive to serve all eligible infants, toddlers and families.

All AEIS programs are now implementing the new infrastructure and practice policies and procedures as developed through the SSIP. These programs continue to provide feedback on the child outcome summary process, and data collection and methods of reporting on an ongoing basis. Revisions and future planning are based on this input for the APR and SSIP. Our SSIP outside evaluators from the School of Public Health at UAB have also developed a new input process via a statewide survey and one-on-one interviews to gather feedback and insight on a confidential basis to guide the direction, training and enhancements of the SSIP. AEIS has multiple methods of obtaining input and feedback.

AEIS and other state agencies working with young children in Alabama have been instrumental in the establishment of First 5 Alabama – Alabama Association for Infant and Early Childhood Mental Health. First 5 Alabama is a licensed affiliate of the Alliance for the Advancement of Infant Mental Health, a global organization that includes those states and countries whose infant mental health associations have licensed the use of the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health under their associations' names. The Part C Coordinator acts as the Chairperson for the First 5 Board of Directors. This organization and membership have provided additional opportunities for stakeholder input into the EI system and particularly the SSIP (SIMR) and work in the social emotional area.

Through the continued early childhood work, AEIS has many public and private partnerships with such organizations as the AL Department of Early Childhood Education Inclusion Task Force (a great partnership where the Part C Coordinator is the chairperson), Project LAUNCH, Help Me Grow, State Perinatal Advisory Committee – AL Department of Public Health (ADPH), New Born Screening Advisory Board (ADPH), Universal Newborn Hearing Screening Advisory Board (ADPH), Head Start Advisory, AL Department of Mental Health – Communities of Practice, AL Department of Human Resources Quality Assurance Board and Child Death Review committee, Alabama Partnership for Children Board, Birth Defects Registry Development with the ADPH, Family Voices, University of Alabama and Auburn University schools of special education/rehabilitation, bi-monthly meetings as a member of the Executive Leadership Team for Lead Agency, EI Autism Group, and the 2020 Census work. AEIS has been able to utilize multiple opportunities to share data, information and solicit input from these valued partners. Additional information on each partnership and these initiatives is available upon request.

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	3,606
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Total number of infants and toddlers with IFSPs	3,623

FFY 2018 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
3,606	3,623	99.89%	99.00%	99.53%	Met Target	No Slippage

Provide reasons for slippage, if applicable

XXX

Provide additional information about this indicator (optional)

2 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

2 - OSEP Response

The State provided a target for FFY 2019 for this indicator, and OSEP accepts that target.

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

- 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 early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i)? (yes/no)

NO

Targets: Description of Stakeholder Input

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Historical Data

	Baseline	FFY	2013	2014	2015	2016	2017
A1	2008	Target>=	76.20%	77.00%	77.50%	78.00%	71.50%
A1	71.40%	Data	76.11%	76.52%	75.87%	74.61%	79.09%
A2	2008	Target>=	74.20%	74.30%	74.40%	74.50%	73.40%
A2	73.30%	Data	71.22%	72.29%	67.71%	61.23%	62.85%

B1	2008	Target>=	82.20%	82.30%	82.40%	82.50%	80.00%
B1	79.60%	Data	82.11%	82.94%	81.84%	83.19%	84.09%
B2	2008	Target>=	60.70%	60.80%	60.90%	70.00%	57.00%
B2	56.90%	Data	52.95%	53.61%	51.27%	49.92%	51.12%
C1	2008	Target>=	82.70%	82.80%	82.90%	83.00%	80.50%
C1	80.40%	Data	82.57%	82.91%	83.62%	76.99%	81.91%
C2	2008	Target>=	76.10%	76.20%	76.30%	76.40%	75.20%
C2	75.10%	Data	73.51%	74.74%	71.55%	61.13%	60.91%

Targets

FFY	2018	2019
Target A1>=	71.60%	71.70%
Target A2>=	73.50%	73.60%
Target B1>=	80.10%	80.20%
Target B2>=	57.10%	57.20%
Target C1>=	80.60%	80.70%
Target C2>=	75.30%	75.40%

FFY 2018 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

2,782

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

	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	51	1.83%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	411	14.77%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	675	24.26%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,026	36.88%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	619	22.25%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,701	2,163	79.09%	71.60%	78.64%	Met Target	No Slippage
A2. 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	1,645	2,782	62.85%	73.50%	59.13%	Did Not Meet Target	Slippage

Provide reasons for A1 slippage, if applicable

XXX

Provide reasons for A2 slippage, if applicable

AEIS uses the COS process in determining child outcomes and defines "comparable to same-aged peers" as a child who has been assigned a score of 6 or 7 on the COS scale. AEIS also collects data on the children who do make progress, but not enough to move up a level on the COSF and uses this data in program/child monitoring. In addition, data is collected on reasons children make no progress or regress, and service coordinators state that they feel the most common reasons were diagnosis or complex medical issues, environmental issues (extreme poverty, substance abuse within the family,

etc.), family missed appointments which directly relates back to other factors and/or family no longer has concerns over their child's development.

AEIS collects data on the number of children who, on the COSF, showed no progress, but indicated that the child had shown new skills or behaviors since the last outcome summary. The data from the GIFTS database indicate a significant number of children showing new skills/behaviors, but not moving up a level on the COSF as follows:

For FFY18 (July 1, 2018-June 30, 2019) there were 2,778 exit COSFs completed with 1130 of those showing no progress in at least 1 of the 3 areas of the COSF. Of those 1130 showing no rating increase, 1073 (95%) have the box checked in GIFTS stating, "Has child shown any new skills or behaviors since the last outcome summary?"

811 were in Positive Social Emotional Skills
 508 of these were in the area of Acquisition of Knowledge and Skills
 621 were in Use of Appropriate Behaviors

The PAR Family Survey also includes questions pertaining to the family's perception of whether their child had made progress. The return rate for this survey was 49%, significantly higher than the national average of 33%. Results were as follows:

The percentage of families who reported that they felt their child had developed new skills relating to social or emotional development as a result of early intervention during FFY 2018 was 95% (which is the AEIS SiMR or State identified Measurable Result).

The percentage of families who felt that they had an increased knowledge of how to identify and respond to their child's needs in the area of Social or emotional development was 97%.

Based on a second family survey, "Getting to Know Your Family" as implemented by the SSIP external evaluators at the University of Alabama at Birmingham, the following results were reported:

? More than half of families (52.0%) reported that before receiving Early Intervention services, they would have rated their understanding of their child developmental needs as "Poor" or "Below Average." (Mean on 1 to 5 scale = 2.5)

? Over half (68.0%) rated their understanding of their child's development as "Average" or "Above Average" after receiving Early Intervention services. (Mean on 1 to 5 scale = 3.8)

? After receiving Early Intervention services, 100% of families agree or strongly agree that their child had developed new skills relating to social and emotional development

? After receiving Early Intervention services, 90.4% of families agree or strongly agree that their child had improved in his/her language and communication skills.

? After receiving Early Intervention Services, 92.0% of families agree or strongly agree their children had learned and use new skills in understanding the world around him/her.

? After receiving Early Intervention services, 80.0% of families agree or strongly agree their child has gained independence in meeting their needs and in using socially appropriate ways to get what the child wants.

AEIS specifically created this tool in partnership with our external investigators/evaluators to capture more accurate outcome information on those children who may have been found on the COSF as not making adequate progress, but that progress had been made according to family input and perception.

AEIS and stakeholders believe that the child outcome targets for achieving functioning as same age peers were set too high and unrealistically at the beginning of this SPP/APR process (in FFY 2008). Now that the system has been working on the SPP/APR for the past 12 years, we would like to change the targets with stakeholder input to those that are more aligned with the national averages. The national data is as follows:

Social-Emotional national: 57
 Knowledge and Skill national: 47
 Appropriate behavior to meet needs national: 57

Alabama targets for summary statement 2 and actual data:

Social-Emotional target: 73.50
 Social-Emotional actual: 59.13

Knowledge/skill target: 57.10
 Knowledge/skill actual: 48.92

Appropriate behavior target: 75.30
 Appropriate behavior actual: 58.95

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

	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	44	1.58%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	383	13.77%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	994	35.73%

	Number of Children	Percentage of Total
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,173	42.16%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	188	6.76%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
B1. Of those children who entered or exited the program 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	2,167	2,594	84.09%	80.10%	83.54%	Met Target	No Slippage
B2. 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	1,361	2,782	51.12%	57.10%	48.92%	Did Not Meet Target	Slippage

Provide reasons for B1 slippage, if applicable

XXX

Provide reasons for B2 slippage, if applicable

AEIS uses the COS process in determining child outcomes and defines "comparable to same-aged peers" as a child who has been assigned a score of 6 or 7 on the COS scale. AEIS also collects data on the children who do make progress, but not enough to move up a level on the COSF and uses this data in program/child monitoring. In addition, data is collected on reasons children make no progress or regress, and service coordinators state that they feel the most common reasons were diagnosis or complex medical issues, environmental issues (extreme poverty, substance abuse within the family, etc.), family missed appointments which directly relates back to other factors and/or family no longer has concerns over their child's development.

AEIS collects data on the number of children who, on the COSF, showed no progress, but indicated that the child had shown new skills or behaviors since the last outcome summary. The data from the GIFTS database indicate a significant number of children showing new skills/behaviors, but not moving up a level on the COSF as follows:

For FFY18 (July 1, 2018-June 30, 2019) there were 2,778 exit COSFs completed with 1130 of those showing no progress in at least 1 of the 3 areas of the COSF. Of those 1130 showing no rating increase, 1073 (95%) have the box checked in GIFTS stating, "Has child shown any new skills or behaviors since the last outcome summary?"

811 were in Positive Social Emotional Skills
508 of these were in the area of Acquisition of Knowledge and Skills
621 were in Use of Appropriate Behaviors

The PAR Family Survey also includes questions pertaining to the family's perception of whether their child had made progress. The return rate for this survey was 49%, significantly higher than the national average of 33%. Results were as follows:

The percentage of families who reported that they felt their child had developed new skills relating to social or emotional development as a result of early intervention during FFY 2018 was 95% (which is the AEIS SiMR or State identified Measurable Result).

The percentage of families who felt that they had an increased knowledge of how to identify and respond to their child's needs in the area of Social or emotional development was 97%.

Based on a second family survey, "Getting to Know Your Family" as implemented by the SSIP external evaluators at the University of Alabama at Birmingham, the following results were reported:

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? After receiving Early Intervention services, 100% of families agree or strongly agree that their child had developed new skills relating to social and emotional development

? After receiving Early Intervention services, 90.4% of families agree or strongly agree that their child had improved in his/her language and communication skills.

? After receiving Early Intervention Services, 92.0% of families agree or strongly agree their children had learned and use new skills in understanding the world around him/her.

? After receiving Early Intervention services, 80.0% of families agree or strongly agree their child has gained independence in meeting their needs and in using socially appropriate ways to get what the child wants.

AEIS specifically created this tool in partnership with our external investigators/evaluators to capture more accurate outcome information on those children who may have been found on the COSF as not making adequate progress, but that progress had been made according to family input and perception.

AEIS and stakeholders believe that the child outcome targets for achieving functioning as same age peers were set too high and unrealistically at the beginning of this SPP/APR process (in FFY 2008). Now that the system has been working on the SPP/APR for the past 12 years, we would like to change the targets with stakeholder input to those that are more aligned with the national averages. The national data is as follows:

Social-Emotional national: 57
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 Appropriate behavior to meet needs national: 57

Alabama targets for summary statement 2 and actual data:
 Social-Emotional target: 73.50
 Social-Emotional actual: 59.13

Knowledge/skill target: 57.10
 Knowledge/skill actual: 48.92

Appropriate behavior target: 75.30
 Appropriate behavior actual: 58.95

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	47	1.69%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	374	13.44%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	721	25.92%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,212	43.57%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	428	15.38%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
C1. Of those children who entered or exited the program 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	1,933	2,354	81.91%	80.60%	82.12%	Met Target	No Slippage
C2. 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	1,640	2,782	60.91%	75.30%	58.95%	Did Not Meet Target	Slippage

Provide reasons for C1 slippage, if applicable

XXX

Provide reasons for C2 slippage, if applicable

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 Social-Emotional actual: 59.13

Knowledge/skill target: 57.10
 Knowledge/skill actual: 48.92

Appropriate behavior target: 75.30
 Appropriate behavior actual: 58.95

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

XXX

Historical Data

	Baseline	FFY	2013	2014	2015	2016	2017
A1	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
A1	XXX	Data	XXX	XXX	XXX	XXX	XXX
A1 AR	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
A1 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX
A2	XXX	Target>=	XXX	XXX	XXX	XXX	XXX

A2	XXX	Data	XXX	XXX	XXX	XXX	XXX
A2 AR	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
A2 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX
B1	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
B1	XXX	Data	XXX	XXX	XXX	XXX	XXX
B1 AR	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
B1 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX
B2	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
B2	XXX	Data	XXX	XXX	XXX	XXX	XXX
B2 AR	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
B2 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX
C1	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
C1	XXX	Data	XXX	XXX	XXX	XXX	XXX
C1 AR	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
C1 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX
C2	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
C2	XXX	Data	XXX	XXX	XXX	XXX	XXX
C2 AR	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
C2 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX

Targets

FFY	2018	2019
Target A1 >=	XXX	XXX
A1 AR	XXX	
Target A2 >=	XXX	XXX
A2 AR	XXX	
Target B1 >=	XXX	XXX
B1 AR	XXX	
Target B2 >=	XXX	XXX
B2 AR	XXX	
Target C1 >=	XXX	XXX
C1 AR	XXX	
Target C2 >=	XXX	XXX
C2 AR	XXX	

FFY 2018 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

XXX

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

Not including at-risk infants and toddlers	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Just at-risk infants and toddlers/All infants and toddlers	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX
A2. 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for A1 slippage, if applicable

XXX

Provide reasons for A2 slippage, if applicable

XXX

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX
A2. 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for A1 AR/ALL slippage, if applicable

XXX

Provide reasons for A2 AR/ALL slippage, if applicable

XXX

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

Not including at-risk infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
B1. Of those children who entered or exited the program 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX
B2. 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for B1 slippage, if applicable

XXX

Provide reasons for B2 slippage, if applicable

XXX

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
B1. Of those children who entered or exited the program 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX
B2. The percent of infants and toddlers who were functioning within age expectations in	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
Outcome B by the time they turned 3 years of age or exited the program							

Provide reasons for B1 AR/ALL slippage, if applicable

XXX

Provide reasons for B2 AR/ALL slippage, if applicable

XXX

Outcome C: Use of appropriate behaviors to meet their needs

Not including at-risk infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
C1. Of those children who entered or exited the program 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX
C2. 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for C1 slippage, if applicable

XXX

Provide reasons for C2 slippage, if applicable

XXX

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
substantially increased their rate of growth by the time they turned 3 years of age or exited the program							
C2. 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for C1 AR/ALL slippage, if applicable

XXX

Provide reasons for C2 AR/ALL slippage, if applicable

XXX

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

The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's part C exiting 618 data	3,667
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	885

	Yes / No
Was sampling used?	NO
Has your previously-approved sampling plan changed?	
If the plan has changed, please provide sampling plan.	

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)

YES

Provide the criteria for defining "comparable to same-aged peers."

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

Documentation used in gathering data:

Parent Observation
 Service Provider Notes
 Concerns/Outcomes identified on the IFSP
 Record review
 EI provider(s) observations or progress notes
 Non-EI service provider observations/reports
 Evaluation/Assessment results

Tool(s) that help inform the decision:

ASQ
 ASQ-SE
 BDI
 DAYC
 E-LAP
 IDA
 SEAM
 PLS
 Rosetti
 REEL
 DOCS
 ELM
 PDMS
 BSID
 DP

How information was acquired from the parents on their child's functioning:

Received in team meeting
 Collected separately

Incorporated into assessment(s)
Voluntary Family Assessment (e.g., Routines-Based Interview)
Not Included due to Closure for No Contact

Provide additional information about this indicator (optional)

3 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

3 - OSEP Response

The State provided targets for FFY 2019 for this indicator, and OSEP accepts those targets.

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

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

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

4 - Indicator Data

Historical Data

	Baseline	FFY	2013	2014	2015	2016	2017
A	2006	Target >=	98.60%	98.70%	98.80%	98.90%	99.00%
A	94.50%	Data	99.32%	100.00%	99.25%	98.54%	99.21%
B	2006	Target >=	95.10%	95.20%	95.30%	95.40%	95.50%
B	95.40%	Data	93.88%	95.58%	94.12%	95.19%	95.32%
C	2006	Target >=	98.50%	98.60%	98.70%	98.80%	98.90%
C	98.00%	Data	94.22%	99.00%	98.19%	99.34%	98.79%

Targets

FFY	2018	2019
Target A >=	99.10%	99.20%
Target B >=	95.60%	95.70%
Target C >=	99.00%	99.10%

Targets: Description of Stakeholder Input

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, policy, and public reporting of program status. In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting.

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The Inclusion Task Force, Alabama Partnership for Children, Strengthening Families and many other organizations and agencies allow AEIS to gather additional input and stakeholder buy-in as we strive to serve all eligible infants, toddlers and families.

All AEIS programs are now implementing the new infrastructure and practice policies and procedures as developed through the SSIP. These programs continue to provide feedback on the child outcome summary process, and data collection and methods of reporting on an ongoing basis. Revisions and future planning are based on this input for the APR and SSIP. Our SSIP outside evaluators from the School of Public Health at UAB have also developed a new input process via a statewide survey and one-on-one interviews to gather feedback and insight on a confidential basis to guide the direction, training and enhancements of the SSIP. AEIS has multiple methods of obtaining input and feedback.

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Through the continued early childhood work, AEIS has many public and private partnerships with such organizations as the AL Department of Early Childhood Education Inclusion Task Force (a great partnership where the Part C Coordinator is the chairperson), Project LAUNCH, Help Me Grow, State Perinatal Advisory Committee – AI Department of Public Health (ADPH), New Born Screening Advisory Board (ADPH), Universal Newborn Hearing Screening Advisory Board (ADPH), Head Start Advisory, AL Department of Mental Health – Communities of Practice, AI Department of Human Resources Quality Assurance Board and Child Death Review committee, Alabama Partnership for Children Board, Birth Defects Registry Development with the ADPH, Family Voices, University of Alabama and Auburn University schools of special education/rehabilitation, bi-monthly meetings as a member of the Executive Leadership Team for Lead Agency, EI Autism Group, and the 2020 Census work. AEIS has been able to utilize multiple opportunities to share data, information and solicit input from these valued partners. Additional information on each partnership and these initiatives is available upon request.

FFY 2018 SPP/APR Data

The number of families to whom surveys were distributed	1,152
Number of respondent families participating in Part C	568
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	549
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	555
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs	492
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children’s needs	516
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	547
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	552

	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	99.21%	99.10%	98.92%	Did Not Meet Target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	95.32%	95.60%	95.35%	Did Not Meet Target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	98.79%	99.00%	99.09%	Met Target	No Slippage

Provide reasons for part A slippage, if applicable

XXX

Provide reasons for part B slippage, if applicable

XXX

Provide reasons for part C slippage, if applicable

XXX

	Yes / No
Was sampling used?	YES
If yes, has your previously-approved sampling plan changed?	NO
If the plan has changed, please provide the sampling plan.	XXX

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

Alabama continues to adhere to the approved sampling plan submitted and approved as per the March 2, 2006 OSEP response letter. A family survey is conducted by an independent reviewer each year. Family surveys are conducted by this independent reviewer each time a program participates in a PAR monitoring (Provider Appraisal Review) with all families/programs across the state being surveyed over a 3 year cycle. Each year, programs are selected from various locations around the state as per the monitoring process and represent a variety of demographics and variables including eligibility reasons, disability category or developmental delay, age, race, ethnicity and gender.

During federal fiscal year 2018, eighteen (18) Early Intervention programs were evaluated in order to assure that families currently involved are receiving the service and assistance they need. A total of one thousand one hundred fifty-two (1152) families were involved in the programs under the Alabama Early Intervention System evaluated in federal fiscal year 2018. Five hundred four (504) families completed the family satisfaction survey by telephone. Six hundred twenty-nine (629) families could not complete the survey by telephone because of "No English/Language Problem," "Disconnected," "Wrong Number," "Incorrect Address & Telephone Number," and "Unable to Contact." These families were mailed a family satisfaction survey and sixty-four (64) surveys were completed by mail.

All contact with families involved with the Early Intervention programs were made between July 2018 and June 2019.

The total number of families completing the survey (by phone and mail) was 568 or 49.3%.

	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO
If your collection tool has changed, upload it here	XXX
The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.	YES

If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

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

To ensure that all families have an opportunity to provide valuable information in a confidential manner, a family survey is conducted by an independent reviewer every year. Family surveys are generally conducted by this independent reviewer each time a program participates in a PAR monitoring (Provider Appraisal Review).

During FFY 2018, eighteen (18) Early Intervention Programs out of 47 total programs were evaluated in order to assure that families currently involved are receiving the services and assistance they need. The 18 programs (568 families) who received an evaluation during this fiscal year are from all regions of the state, include small programs and large programs, and serve families from rural, urban and suburban areas. All programs and families statewide are surveyed at least once every three years, thus providing data from all EI programs (100%) on a 3 year cycle.

In addition, a second survey was used (i.e., "Getting to Know Your Family" survey as developed by the University of Alabama at Birmingham School of Public Health) to gather additional information on Indicator 4. These 331 families from around the state also helped ensure that the demographics were representative of the state's EI population.

Provide additional information about this indicator (optional)

Results from the survey of 331 families using the "Getting to Know Your Family" survey during FFY 2018 indicated the following:

More than half of families (53.6%) reported that before receiving Early Intervention services, they would have rated their understanding of their child developmental needs as "Poor" or "Below Average." (Mean on 1 to 5 scale = 2.5)

More than two-thirds (76.8%) rated their understanding of their child's development as "Average" or "Above Average" after receiving Early Intervention services. (Mean on 1 to 5 scale = 3.8)

Survey results demonstrate that families report substantial gains in understanding of their child's needs after participating in Early Intervention services. (The difference in mean before and after ratings is statistically significant)

Results from the FFY 2018 family survey are as follows:

After receiving Early Intervention services, 91.2% of families agree or strongly agree that their family is better able to participate in daily tasks, activities, and community events.

After receiving Early Intervention services, 98.6% of families agreed or strongly agreed they were better able to talk about their child's development needs with professionals who work with their family.

After receiving Early Intervention services, 95.7% of families agreed or strongly agreed they were able to better participate in making decisions about their child with the professionals who work with their family.

After receiving Early Intervention services, 92.7% of families agreed or strongly agreed they were more knowledgeable about available community resources to support their child and/or family.

4 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

4 - OSEP Response

The State provided targets for FFY 2019 for this indicator, and OSEP accepts those targets.

The State did not provide valid and reliable data for this indicator. These data are not valid and reliable because the State uses Federal fiscal year 2019 when describing the sampling methodology outlining how the design will yield valid and reliable estimates. Further, when reporting the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, the State reported that there were 568 families who completed the survey process for FFY 2028. Therefore, OSEP could not determine whether the State met its target.

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

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

Measurement

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

Instructions

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

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

5 - Indicator Data

Historical Data

Baseline	2005	0.50%			
FFY	2013	2014	2015	2016	2017
Target >=	0.59%	0.60%	0.61%	0.62%	0.63%
Data	0.49%	0.55%	0.71%	0.68%	0.72%

Targets

FFY	2018	2019
Target >=	0.64%	0.65%

Targets: Description of Stakeholder Input

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Health, a global organization that includes those states and countries whose infant mental health associations have licensed the use of the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health under their associations' names. The Part C Coordinator acts as the Chairperson for the First 5 Board of Directors. This organization and membership have provided additional opportunities for stakeholder input into the EI system and particularly the SSIP (SIMR) and work in the social emotional area.

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Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Number of infants and toddlers birth to 1 with IFSPs	394
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/20/2019	Population of infants and toddlers birth to 1	56,739

FFY 2018 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
394	56,739	0.72%	0.64%	0.69%	Met Target	No Slippage

Provide reasons for slippage, if applicable

XXX

Compare your results to the national data

According to the US Department of Education EDFacts Metadata and Process System (EMAPS) data, the national average for children served in Part C, birth to one, was 1.25%. Compared to the Alabama data, there is a difference of .56%, with Alabama's data being .69% of the national average. Although less than the national average, Alabama exceeded it's target for the current fiscal year and the previous three year's percentages. There was no slippage indicated.

The cumulative number of children served by AEIS has grown from 7335 in FFY 2017 to 7489 in FFY 2018. The number of referrals increased from 8870 in FFY 2017 to 9481 in FFY 2018.

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

5 - OSEP Response

The State provided a target for FFY 2019 for this indicator, and OSEP accepts that target.

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

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

Measurement

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

Instructions

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

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

6 - Indicator Data

Baseline	2005	1.39%			
FFY	2013	2014	2015	2016	2017
Target >=	1.73%	1.74%	1.75%	1.76%	1.77%
Data	1.71%	1.76%	1.83%	1.87%	2.06%

Targets

FFY	2018	2019
Target >=	1.78%	1.79%

Targets: Description of Stakeholder Input

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Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Number of infants and toddlers birth to 3 with IFSPs	3,623
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/20/2019	Population of infants and toddlers birth to 3	174,131

FFY 2018 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
3,623	174,131	2.06%	1.78%	2.08%	Met Target	No Slippage

Provide reasons for slippage, if applicable

XXX

Compare your results to the national data

According to the US Department of Education EDFacts Metadata and Process System (EMAPS) data, the national average for children served in Part C, birth to three, was 3.48%. Compared to the Alabama data, there is a difference of 1.4%, with Alabama's data being 2.08% of the national average. Although less than the national average, Alabama exceeded it's target for the current fiscal year and the previous three year's percentages. There was no slippage indicated.

The cumulative number of children served by AEIS has grown from 7335 in FFY 2017 to 7489 in FFY 2018. The number of referrals increased from 8870 in FFY 2017 to 9481 in FFY 2018.

Provide additional information about this indicator (optional)

6 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

6 - OSEP Response

The State provided a target for FFY 2019 for this indicator, and OSEP accepts that target.

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline	2005	98.00%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	99.67%	100.00%	99.85%	98.40%	99.53%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
514	539	99.53%	100%	99.26%	Did Not Meet Target	No Slippage

Provide reasons for slippage, if applicable

XXX

Number of documented delays attributable to exceptional family circumstances

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

21

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All AEIS programs are required to participate in technical assistance annually and program monitoring every three years. This scheduling process ensures that all programs are selected for a monitoring and/or TA review and are representative of infants/toddlers and families with IFSPs for the full reporting period. The purpose of these activities is to ensure that programs have opportunities to discuss with AEIS and contracting agencies issues, safeguards and procedures. An AEIS primary monitor is assigned to each program. Monitors educate programs regarding federal and state regulations, engage in discussions of evidence-based practices in early intervention, assess and review program data, address training needs of personnel, monitor Action Plans from previous reviews, and provide TA to address any compliance needs. Follow-up reviews are based on the length of Action Plans and may require additional scheduling, but may be reviewed as a desk audit for specific documentation. If circumstances warrant, ADRS/EI staff may remove records from the program to complete a more thorough review. A written PAR Report with Action Plan for correcting findings of non-compliance is provided to programs within four (4) weeks following the PAR (Provider Appraisal Review).

Record reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year. The extent of reviews may be determined by AEIS staff depending on factors of historic performance, current data or family concerns or complaints. AEIS randomly selects records and provides programs with a list of the names on the day of review.

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

XXX

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

XXX

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2017

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

FFY 2017 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

Each program that had findings of noncompliance was issued an action plan that included assurances that the program was correctly implementing the regulatory requirements and addressing each individual case of noncompliance. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year. The programs were subsequently notified in writing that they had achieved compliance within one year and were implementing the regulatory requirements.

45 Day Timeline Verification of Correction from FFY 2017

United Ability: During a TA conducted on 07/27/2017, one finding was noted under the 45 Day Component. One record indicated the IFSP was not written within the 45-day timeframe and the exceptional circumstance was based on program delay. Although late, the IFSP was subsequently written, thus correcting the individual child/family issue. During further review on 07/27/2017, additional records were reviewed and met all PAR criteria and regulatory requirements for this component. Therefore, the program re-established compliance for the 45 Day Component. Official notice was issued to the program that compliance had been achieved.

United Ability: During a TA conducted on 06/14/2018, one finding was noted under the 45 Day Component. One record indicated the IFSP was not written within the 45-day timeframe and there were no exceptional circumstances documented on behalf of the family. Although late, the IFSP was subsequently written, thus correcting the individual child/family issue. During further review on 06/14/2018, additional records were reviewed and met all PAR criteria and regulatory requirements for this component. Therefore, the program re-established compliance for the 45 Day Component. Official notice was issued to the program that compliance had been achieved.

CCCDD TODD's Club: During a TA conducted on 10/02/2017, one finding was noted under the 45 Day Component. One record indicated the IFSP was not written within the 45-day timeframe and the exceptional circumstance was based on program delay. Although late, the IFSP was subsequently written and thereby corrected the individual child/family issue. During further review on 10/02/2017, additional records were reviewed and met all PAR criteria and regulatory requirements for this component. Therefore, the program re-established compliance for the 45 Day Component. Official notice was issued to the program that compliance had been achieved.

NCA-MRA: During a TA conducted on 08/23/2017, one finding was noted under the 45 Day Component. One record indicated the IFSP was not written within the 45-day timeframe and the exceptional circumstance was based on program delay. Although late, the IFSP was subsequently written, thus correcting the individual child/family issue. During further review on 08/23/2017, additional records were reviewed and met all PAR criteria and regulatory requirements for this component. Therefore, the program re-established compliance for the 45 Day Component. Official notice was issued to the program that compliance had been achieved.

Describe how the State verified that each individual case of noncompliance was corrected

Verification of correction of each instance of noncompliance was conducted through the PAR monitoring and TA process. Each individual record found to be out of compliance had an associated action plan that included timely correction. Each individual instance of noncompliance as reviewed by the monitoring team was subsequently determined to have been addressed by the programs as per their action plan. Descriptions of verification that each individual case of noncompliance was corrected are as follows:

45 Day Timeline Verification of Correction from FFY 2017

United Ability: During a TA conducted on 07/27/2017, one finding was noted under the 45 Day Component. One record indicated the IFSP was not written within the 45-day timeframe and the exceptional circumstance was based on program delay. Although late, the IFSP was subsequently written, thus correcting the individual child/family issue. During further review on 07/27/2017, additional records were reviewed and met all PAR criteria and regulatory requirements for this component. Therefore, the program re-established compliance for the 45 Day Component. Official notice was issued to the program that compliance had been achieved.

United Ability: During a TA conducted on 06/14/2018, one finding was noted under the 45 Day Component. One record indicated the IFSP was not written within the 45-day timeframe and there were no exceptional circumstances documented on behalf of the family. Although late, the IFSP was subsequently written, thus correcting the individual child/family issue. During further review on 06/14/2018, additional records were reviewed and met all PAR criteria and regulatory requirements for this component. Therefore, the program re-established compliance for the 45 Day Component. Official notice was issued to the program that compliance had been achieved.

CCCCD TODD's Club: During a TA conducted on 10/02/2017, one finding was noted under the 45 Day Component. One record indicated the IFSP was not written within the 45-day timeframe and the exceptional circumstance was based on program delay. Although late, the IFSP was subsequently written and thereby corrected the individual child/family issue. During further review on 10/02/2017, additional records were reviewed and met all PAR criteria and regulatory requirements for this component. Therefore, the program re-established compliance for the 45 Day Component. Official notice was issued to the program that compliance had been achieved.

NCA-MRA: During a TA conducted on 08/23/2017, one finding was noted under the 45 Day Component. One record indicated the IFSP was not written within the 45-day timeframe and the exceptional circumstance was based on program delay. Although late, the IFSP was subsequently written, thus correcting the individual child/family issue. During further review on 08/23/2017, additional records were reviewed and met all PAR criteria and regulatory requirements for this component. Therefore, the program re-established compliance for the 45 Day Component. Official notice was issued to the program that compliance had been achieved.

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

7 - Prior FFY Required Actions

None

7 - OSEP Response

The State did not provide the reasons for delay, as required by the measurement table.

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline	2005	98.00%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	92.13%	94.28%	91.27%	95.67%	96.06%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

If no, please explain.

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
292	311	96.06%	100%	93.89%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

Reasons for slippage on the part of the provider (i.e., developing the transition plan according to the required timeline) include the following:

- Service Coordinator illness requiring rescheduling of planning meeting
- Inclement weather, also delaying scheduled transition meeting
- Staff turnover
- Scheduling issues

During FFY 2018, there were 16 findings out of 11 programs that accounted for the slippage as follows:

1. AIDB Auburn: During a PAR conducted on 11/01/2018, one finding was noted under Transition (8A). One record indicated the transition plan was not completed. An action plan was developed whereby the program will contact the family to complete the transition plan. Follow up: During further review on 11/08/2018, the program submitted the requested documentation, resolved the individual child/family finding, and the program re-established compliance for the Transition Plan Component. Official notice was issued to the program that compliance had been achieved.
2. AIDB Birmingham: During a PAR conducted on 06/18/2019, two findings were noted under Transition (8A). Two records indicated the transition plans were completed late. Although late, the plans were developed thus resolving each individual child/family finding. During further review on 06/18/2019 additional records were reviewed and met all PAR criteria. Therefore, the program re-established compliance for the Transition Plan Component. Official notice was issue to the program that compliance had been achieved.
3. AIDB Montgomery: During a TA conducted on 04/26/2019, one finding was noted under Transition (8A). One record indicated the transition plan was completed late. Although late, the plan was developed thus resolving the individual child/family finding. During further review on 04/26/2019 additional records were reviewed and met all PAR criteria. Therefore, the program re-established compliance for the Transition Plan Component. Official notice was issue to the program that compliance had been achieved.
4. Arc of Central Alabama: During a PAR conducted on 08/02/2018, two findings were noted under Transition (8A). Two records indicated the transition plans were completed late. Although late, the plans were developed thus resolving each child/family finding. During further review on 08/02/2019 additional records were reviewed and met all PAR criteria. Therefore, the program re-established compliance for the Transition Plan Component. Official notice was issue to the program that compliance had been achieved.
5. Children R Us: During a PAR conducted on 05/07/2019, one finding was noted under Transition (8A). One record indicated the transition plan was not completed. An action plan was developed whereby the program will contact the family to complete the transition plan. Follow up: During further review on 06/10/2019, the program submitted the requested documentation and the plan was developed, thus resolving the individual child/family finding. The program subsequently re-established compliance for Transition planning. Official notice was issued to the program that compliance had been achieved.
6. CSP: During a TA conducted on 02/19/2019, one finding was noted under Transition (8A). One record indicated the transition plan was completed early. Although early, the transition plan was developed, thus resolving the individual child/family finding. During further review on 02/19/2019 additional records were reviewed and met all PAR criteria. Therefore, the program re-established compliance for the Transition Plan Component. Official notice was issue to the program that compliance had been achieved.
7. East Central Alabama UCP: During a TA conducted on 04/09/2019, two findings were noted under Transition. The records indicated that the transition plans were completed late (8A). Although late, the transition plans were developed, thus resolving each individual child/family finding. During further review on 04/09/2019, additional records were reviewed and met all PAR criteria. Therefore, the program re-established compliance for the Transition Plan Component. Official notice was issued to the program that compliance had been achieved.
8. TODD's Club: During a TA conducted on 10/02/2018, one finding was noted under Transition (8A). One record indicated the transition plan was not completed. An action plan was developed whereby the program will contact the family to complete the transition plan. Follow up: During further review on 10/22/2018, the program submitted the requested documentation and the plan was developed, thus resolving the individual child/family finding. The program subsequently re-established compliance for Transition Plan Component. Official notice was issued to the program that compliance had been achieved.
9. UCP Mobile FF/NJ/PSD: During a PAR conducted on 02/13/2019, one finding was noted under Transition (8A). One record indicated the transition plan was completed early. Although early, the transition plan was completed, thus resolving the individual child/family finding. During further review on 02/13/2019, additional records were reviewed and met all PAR criteria. Therefore, the program re-established compliance for the Transition Plan Component. Official notice was issue to the program that compliance had been achieved.

10. United Ability: During a PAR conducted on 06/11/2019, two findings were noted under Transition (8A). Two records indicated the transition plan was completed late. Although late, the transition plans were completed, thus resolving each individual child/family finding. During further review on 06/11/2019, additional records were reviewed and met all PAR criteria. Therefore, the program re-established compliance for the Transition Plan Component. Official notice was issued to the program that compliance had been achieved.

11. District 4 – Montgomery: During a TA on March 15, 2019, two findings were noted under Transition 8A. In one record, the Transition plan was written 4 days late. In a second record, the Transition plan was written 11 days late. An Action Plan was developed that all new transition plans written from March 15, 2019 through May 16, 2019 be reviewed to insure timely transition for all families. Both of these children/families had transition plans developed, so each instance of noncompliance was addressed. Upon follow-up, there were no findings in all other plans reviewed, so the program regained compliance under this indicator. Official notice was issued to the program that compliance had been achieved.

Number of documented delays attributable to exceptional family circumstances

This number will be added to the “Number of children exiting Part C who have an IFSP with transition steps and services” field to calculate the numerator for this indicator.

0

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All AEIS programs are required to participate in technical assistance annually and program monitoring every three years. This scheduling process ensures that all programs are selected for a monitoring and/or TA review and are representative of infants/toddlers and families with IFSPs for the full reporting period. The purpose of these activities is to ensure that programs have opportunities to discuss with AEIS and contracting agencies issues, safeguards and procedures. An AEIS primary monitor is assigned to each program. Monitors educate programs regarding federal and state regulations, engage in discussions of evidence-based practices in early intervention, assess and review program data, address training needs of personnel, monitor Action Plans from previous reviews, and provide TA to address any compliance needs. Follow-up reviews are based on the length of Action Plans and may require additional scheduling, but may be reviewed as a desk audit for specific documentation. If circumstances warrant, ADRS/EI staff may remove records from the program to complete a more thorough review. A written PAR Report with Action Plan for correcting findings of non-compliance is provided to programs within four (4) weeks following the PAR (Provider Appraisal Review).

Record reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year. The extent of reviews may be determined by AEIS staff depending on factors of historic performance, current data or family concerns or complaints. AEIS randomly selects records and provides programs with a list of the names on the day of review.

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

XXX

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

XXX

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2017

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
20	20	0	0

FFY 2017 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

Each program that had findings of noncompliance was issued an action plan that included assurances that the program was correctly implementing the regulatory requirements. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year. The programs were subsequently notified in writing that they had achieved compliance within one year.

Describe how the State verified that each individual case of noncompliance was corrected

Verification of correction of each instance of noncompliance was conducted through the PAR monitoring and TA process. Each record found to be out of compliance had an associated action plan that included timely correction and compensatory services as needed. Each individual instance of noncompliance as reviewed by the monitoring team was subsequently determined to have been addressed by the programs as per their action plan. Details of the findings and determinations of correction are attached:

8A Transition Verification of Correction from FFY 2017

1. AIDB Birmingham: During a TA conducted on 03/05/2018, five findings were noted under the Transition Component (8A). One record indicated the transition plan was written late. An action plan was developed whereby the program will develop the transition plan as soon as the family is available. Follow up: During further review on 03/06/2018, the program submitted the requested documentation and therefore the program re-established compliance for the Transition Indicator 8A. Official notice was issued to the program that compliance had been achieved.

2. AIDB Huntsville: During a PAR conducted on 06/20/2018, one finding was noted under the Transition Component (8A). One record indicated the transition plan was not completed. An action plan was developed whereby the program will contact the family to complete the transition plan. Follow up: During further review on 06/28/2018, the program submitted the requested documentation and therefore the program re-established compliance for the

Transition Component. Official notice was issued to the program that compliance had been achieved.

3. AIDB Talladega: During a TA conducted on 02/06/2018, two findings were noted under the Transition Component (8A). One record indicated the transition plan was not completed (8A). An action plan was developed whereby the program will contact the family to complete the transition plan. Follow up: During further review on 02/26/2018, the program submitted the requested documentation and therefore the program re-established compliance for the Transition Component. Official notice was issued to the program that compliance had been achieved.

4. Children's of Alabama: During a TA conducted on 02/27/2018, one finding was noted under the Transition Component (8A). One record indicated the transition plan was written late. Although late, the transition plan was subsequently written. During further review on 02/27/2018, additional transition plans were reviewed and were found to meet all criteria for this component, therefore the program re-established compliance for Transition Component. Official notice was issued to the program that compliance had been achieved.

5. CSP: During a TA conducted on 03/28/2018, one finding was noted under the Transition Component (8A). One record indicated the transition plan was written late. Although late, the transition plan was subsequently written. During further review on 03/28/2018, additional transition plans were reviewed and were found to meet all criteria for this component, therefore the program re-established compliance for the Transition Component. Official notice was issued to the program that compliance had been achieved.

6. East Central AL UCP: During a PAR conducted on 04/26/2018, one finding was noted under the Transition Component (8A). One record indicated the transition plan was not complete and the record was closed. During further review on 04/26/2018, additional transition plans were reviewed and were found to meet all criteria for this component, therefore the program re-established compliance for the Transition Component. Official notice was issued to the program that compliance had been achieved.

7. Goodwill Easter Seal: During a TA conducted on 03/23/2018, one finding was noted under the Transition Component (8A). One record indicated the transition plan was completed late. During further review on 03/23/2018, additional transition plans were reviewed and were found to meet all criteria for this component, therefore the program re-established compliance for the Transition Component. Official notice was issued to the program that compliance had been achieved.

8. NCAMRA: During a TA conducted on 08/23/2017, two findings were noted under the Transition Component (8A). Two records indicated the transition plans were written late. Although late, the transition plans were subsequently written. During further review on 08/23/2017, additional transition plans were reviewed and were found to meet all criteria for this component, therefore the program re-established compliance for the Transition Component. Official notice was issued to the program that compliance had been achieved.

9. UCP Mobile FF/NJ/PSD: During a TA conducted on 06/26/2017, one finding was noted under the Transition Component (8A). One record indicated the transition plan was not completed. An action plan was developed whereby the program will contact the family to complete the transition plan. During further review on 07/11/2017, the program submitted the requested documentation and the program re-established compliance for the Transition Component. Official notice was issued to the program that compliance had been achieved.

10. United Ability: During a TA conducted on 07/27/2017, four findings were noted under the Transition Component (8A). Three records indicated the transition plans was written late (8A). Although late, the transition plans were subsequently written. During further review on 07/27/2017, additional transition plans were reviewed and were found to meet all criteria for this component, therefore the program re-established compliance for the Transition Component. Official notice was issued to the program that compliance had been achieved.

11. United Ability: During a TA conducted on 06/14/2018, one finding was noted under the Transition Component (8A). One record indicated the transition plan was written late. Although late, the transition plans were subsequently written. During further review on 06/14/2018, additional transition plans were reviewed and were found to meet all criteria for this component, therefore the program re-established compliance for the Transition Component. Official notice was issued to the program that compliance had been achieved.

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

8A - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

8A - OSEP Response

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline	2005	99.50%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	95.90%	98.17%	96.53%	98.83%	96.95%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 SPP/APR Data

Data include notification to both the SEA and LEA

YES

If no, please explain.

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
247	311	96.95%	100%	92.16%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

Reasons for slippage (i.e., not sending the notification according to the timeline) included the following:

- Staff turnover and transfer of charts
- Unable to get parent permission (or opt out preference) prior to the deadline
- Miscalculation of timeline

During FFY 2018, there were 14 findings out of 10 programs that accounted for the slippage under Transition 8B as follows:

1. AIDB Huntsville: Two findings were noted under Transition notification (8B). One record indicated the LEA notification was sent late. Although late, the letter had been sent, thus resolving the individual child/family finding. Another record indicated the LEA Notification was not sent. An action plan was developed whereby the program will send the LEA notification letter. During further review on 05/23/2019, the program submitted the requested documentation, sent the notification and thereby resolved the individual child/family finding. The program subsequently re-established compliance for regulatory requirements under Transition Notification. Official notice was issued to the program that compliance had been achieved.
2. Children R Us: During a TA conducted on 01/18/2019, one finding was noted under Transition (8B). One record indicated the LEA notification was sent late. Although late, the LEA notification was subsequently sent, thus resolving the individual child/family finding. During further review on 01/18/2019, additional IFSP's were reviewed and met PAR criteria. Therefore, the program re-established compliance for regulatory requirements under Transition Notification. Official notice was issued to the program that compliance had been achieved.
3. East Central Alabama UCP: During a TA conducted on 04/09/2019, one record indicated the LEA notification was late (8B). Although late, the notification had been sent, thereby resolving the individual child/family finding. During further review on 04/09/2019, additional records were reviewed and met all PAR criteria. Therefore, the program re-established compliance for regulatory requirements under the Transition Notification Component. Official notice was issued to the program that compliance had been achieved.
4. Marshall Jackson: During a TA conducted on 05/22/2019, one finding was noted under Transition (8B). One record indicated the LEA notification was missing from the record. Upon further discussion with the new service coordinator, the family opted out. During further review on 05/22/2019, additional IFSP's were reviewed and met PAR criteria. Therefore, the program re-established compliance for regulatory requirements under Transition Notification. Official notice was issued to the program that compliance had been achieved.
5. District 1 Huntsville: During a TA on 9-12-18, one finding was noted under Transition 8B. In one record, the LEA notification letter was sent on day 16 (two days late). While it was late, it was sent, so the record regained compliance and the individual child/family finding was resolved. All other transition plans were in compliance for Timely Transition, therefore the district office regained compliance for regulatory requirements under this component. Official notice was issued to the program that compliance had been achieved.
6. District 2 Birmingham: During a TA on 3-25-19, one finding was noted under Transition 8B. In one record, the LEA notification was sent on day 17. While it was late, it was sent, so the record regained compliance and the individual child/family issue was resolved. All other transition plans were in compliance for Transition 8B, therefore the program regained compliance for regulatory requirements under this component. Official notice was issued to the program that compliance had been achieved.
7. District 4 Montgomery: During a PAR on 9-21-18, four findings were noted in Transition 8B. In one record, the LEA notification was sent three months late. In a second record, LEA notification was sent three months late. In a third record, LEA notification was sent five months late. The LEA notification was provided to the parents, however, and the individual child/family finding was resolved. In a fourth record, LEA notification wasn't in the record. There was documentation in the record of communication between the Service Coordinator and the LEA regarding this child, and the transition meeting with Part B did occur. Since the meeting did occur, the individual child/family finding was resolved. Action Plans were developed whereby all plans written from this date of Oct. 23, 2018 through May 23, 2019 will be reviewed to insure transition notification for all families. On 5-23-19, as a result of the above Action Plan, two records were reviewed, and both records were in compliance for Transition 8B, therefore the program achieved compliance for regulatory requirements under this indicator. Official notice was issued to the program that compliance had been achieved.
8. District 4 Montgomery: During a TA on March 15, 2019, one finding was noted under Transition 8B. In one record, the LEA notification was sent 45 days late after the transition meeting. Although late, the notification was sent and the individual child/family finding was resolved. An Action Plan was developed that all new transition plans written from March 15, 2019 through May 16, 2019 will be reviewed to insure appropriate transition was provided for all families. Upon follow-up, all new plans reviewed were in compliance for regulatory requirements under this indicator, therefore the program regained compliance. Official notice was issued to the program that compliance had been achieved.

9. District 5 Dothan: During a TA March 20, 2019, one finding was noted in Transition 8B. In one record, LEA notification was sent 16 days after the transition meeting and it should have been sent within 14 days of the transition meeting. Although late, the notification was sent, the meeting did occur, and the individual child/family finding was resolved. An Action Plan was developed that all transition plans written from this date through June 13, 2019 will be reviewed to insure appropriate transition. This Action Plan was met and the program regained compliance for regulatory requirements under this indicator. Official notice was issued to the program that compliance had been achieved.

10. District 6 Mobile: During a TA on 3-22-19, one finding was noted under Transition 8B. In one record, the LEA notification was sent one day late. Although late, notification was sent and the individual child/family finding was resolved. An action plan was developed to review other plans to determine compliance under this indicator. All other transition plans reviewed were considered in compliance for this indicator, therefore the program regained compliance for regulatory requirements under this indicator. Official notice was issued to the program that compliance had been achieved.

Number of parents who opted out

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

43

Describe the method used to collect these data

All AEIS programs are required to participate in technical assistance annually and program monitoring every three years (therefore, all programs are reviewed annually). An AEIS primary monitor is assigned to each program. Monitors educate programs regarding federal and state regulations, engage in discussions of evidence-based practices in early intervention, assess and review program data, address training needs of personnel, monitor Action Plans from previous reviews, and provide TA to address any compliance needs. Follow-up reviews are based on the length of Action Plans and may require additional scheduling, but may be reviewed as a desk audit for specific documentation. If circumstances warrant, ADRS/EI staff may remove records from the program to complete a more thorough review.

Record reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year. The extent of reviews may be determined by AEIS staff depending on factors of historic performance, current data or family concerns or complaints. AEIS randomly selects records and provides programs with a list of the names on the day of TA.

Do you have a written opt-out policy? (yes/no)

YES

If yes, is the policy on file with the Department? (yes/no)

YES

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All AEIS programs are required to participate in technical assistance annually and program monitoring every three years. This scheduling process ensures that all programs are selected for a monitoring and/or TA review and are representative of infants/toddlers and families with IFSPs for the full reporting period. The purpose of these activities is to ensure that programs have opportunities to discuss with AEIS and contracting agencies issues, safeguards and procedures. An AEIS primary monitor is assigned to each program. Monitors educate programs regarding federal and state regulations, engage in discussions of evidence-based practices in early intervention, assess and review program data, address training needs of personnel, monitor Action Plans from previous reviews, and provide TA to address any compliance needs. Follow-up reviews are based on the length of Action Plans and may require additional scheduling, but may be reviewed as a desk audit for specific documentation. If circumstances warrant, ADRS/EI staff may remove records from the program to complete a more thorough review. A written PAR Report with Action Plan for correcting findings of non-compliance is provided to programs within four (4) weeks following the PAR (Provider Appraisal Review).

Record reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year. The extent of reviews may be determined by AEIS staff depending on factors of historic performance, current data or family concerns or complaints. AEIS randomly selects records and provides programs with a list of the names on the day of review.

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

XXX

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

XXX

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2017

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7	7	0	0

FFY 2017 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

Each program that had findings of noncompliance was issued an action plan that included assurances that the program was addressing each individual instance of noncompliance and that it was correctly implementing the regulatory requirements. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year. The programs were subsequently notified in writing that they had achieved compliance within one year and were correctly implementing the regulatory requirements.

1. AIDB Birmingham: During a TA conducted on 03/05/2018, three findings were noted under the Transition Component (8B). Three records indicated the LEA notification was late (8B). An action plan was developed whereby the program will contact the family and LEA to schedule the 33rd month meeting. Follow up: During further review on 03/06/2018, the program submitted the requested documentation, corrected the issue for the individual child/family, and demonstrated compliance with regulatory requirements. Therefore, the program re-established compliance for the Timely Transition Component. Official notice was issued to the program that compliance had been achieved.
2. Arc of Central Alabama: During a TA conducted on 01/23/2018, one finding was noted under the Transition Component (8B). One record indicated the LEA notification was sent late. Although late, the notification was sent and thereby corrected the individual child/family issue. During further review on 01/23/2018, additional LEA notification letters were reviewed and were found to meet all criteria for the individual child/family and that the program was in compliance with regulatory requirements. Therefore, the program re-established compliance for Transition Component (8B). Official notice was issued to the program that compliance had been achieved.
3. Central Alabama Therapy: During a TA conducted on 04/25/2018, one finding was noted under the Transition Component (8B). One record indicated the LEA notification was late. Although late, the notification was sent and thus corrected the individual child/family issue. During further review on 04/25/2018, additional LEA notification letters were reviewed and were found to meet all criteria for the individual child/family and that the program was in compliance for regulatory requirements. Therefore, the program re-established compliance for Transition Component (8B). Official notice was issued to the program that compliance had been achieved.
4. Scope 310: During a TA conducted on 06/28/2018, one finding was noted under Transition (8B). One record indicated the LEA notification was late. Although late, the notification was sent and thereby the individual child/family issue was corrected. During further review on 06/28/2018, additional LEA notification letters were reviewed and were found to meet all criteria for the individual child/family and compliance with regulatory requirements. Therefore, the program re-established compliance for the Transition Component (8B). Official notice was issued to the program that compliance had been achieved.
5. United Ability: During a TA conducted on 07/27/2017, one finding was noted under the Transition Component (8B). One record indicated the LEA notification was sent late. Although late, the LEA notification was subsequently sent and the issue for the individual child/family was corrected. During further review on 07/27/2017, additional transition plans were reviewed and were found to meet all criteria for regulatory requirements under this component. Therefore, the program re-established compliance for the Transition Component (8B). Official notice was issued to the program that compliance had been achieved.

Describe how the State verified that each *individual case of noncompliance was corrected*

Verification of correction of each instance of noncompliance was conducted through the PAR monitoring and TA process. Each record found to be out of compliance had an associated action plan that included timely correction and compensatory services as needed. Each individual instance of noncompliance as reviewed by the monitoring team was subsequently determined to have been addressed by the programs as per their action plan. Details of the findings and determinations of correction are as follows:

1. AIDB Birmingham: During a TA conducted on 03/05/2018, three findings were noted under the Transition Component (8B). Three records indicated the LEA notification was late (8B). An action plan was developed whereby the program will contact the family and LEA to schedule the 33rd month meeting. Follow up: During further review on 03/06/2018, the program submitted the requested documentation, corrected the issue for the individual child/family, and demonstrated compliance with regulatory requirements. Therefore, the program re-established compliance for the Timely Transition Component. Official notice was issued to the program that compliance had been achieved.
2. Arc of Central Alabama: During a TA conducted on 01/23/2018, one finding was noted under the Transition Component (8B). One record indicated the LEA notification was sent late. Although late, the notification was sent thus correcting the individual child/family issue. During further review on 01/23/2018, additional LEA notification letters were reviewed and were found to meet all criteria for the individual child/family and that the program was in compliance with regulatory requirements. Therefore, the program re-established compliance for Transition Component (8B). Official notice was issued to the program that compliance had been achieved.
3. Central Alabama Therapy: During a TA conducted on 04/25/2018, one finding was noted under the Transition Component (8B). One record indicated the LEA notification was late. Although late, the notification was sent, thus correcting the individual child/family issue. During further review on 04/25/2018, additional LEA notification letters were reviewed and were found to meet all criteria for the individual child/family and that the program was in compliance for regulatory requirements. Therefore, the program re-established compliance for Transition Component (8B). Official notice was issued to the program that compliance had been achieved.
4. Scope 310: During a TA conducted on 06/28/2018, one finding was noted under Transition (8B). One record indicated the LEA notification was late. Although late, the notification was sent thus correcting the individual child/family issue. During further review on 06/28/2018, additional LEA notification letters were reviewed and were found to meet all criteria for the individual child/family and compliance with regulatory requirements. Therefore, the program re-established compliance for the Transition Component (8B). Official notice was issued to the program that compliance had been achieved.
5. United Ability: During a TA conducted on 07/27/2017, one finding was noted under the Transition Component (8B). One record indicated the LEA notification was sent late. Although late, the LEA notification was subsequently sent and the issue for the individual child/family was resolved. During further review on 07/27/2017, additional transition plans were reviewed and were found to meet all criteria for regulatory requirements under this component. Therefore, the program re-established compliance for the Transition Component (8B). Official notice was issued to the program that compliance had been achieved.

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

8B - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

8B - OSEP Response

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2017 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2017: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

- Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- 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
- Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline	2005	99.00%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	100.00%	98.65%	97.98%	99.61%	98.98%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services (yes/no)

YES

If no, please explain.

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
274	317	98.98%	100%	100.00%	Met Target	No Slippage

Provide reasons for slippage, if applicable

XXX

Number of toddlers for whom the parent did not provide approval for the transition conference

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

43

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

0

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All AEIS programs are required to participate in technical assistance annually and program monitoring every three years. This scheduling process ensures that all programs are selected for a monitoring and/or TA review and are representative of infants/toddlers and families with IFSPs for the full reporting period. The purpose of these activities is to ensure that programs have opportunities to discuss with AEIS and contracting agencies issues, safeguards and procedures. An AEIS primary monitor is assigned to each program. Monitors educate programs regarding federal and state regulations, engage in discussions of evidence-based practices in early intervention, assess and review program data, address training needs of personnel, monitor Action Plans from previous reviews, and provide TA to address any compliance needs. Follow-up reviews are based on the length of Action Plans and may require additional scheduling, but may be reviewed as a desk audit for specific documentation. If circumstances warrant, ADRS/EI staff may remove records from the program to complete a more thorough review. A written PAR Report with Action Plan for correcting findings of non-compliance is provided to programs within four (4) weeks following the PAR (Provider Appraisal Review).

Record reviews are arranged annually based on mutually convenient dates and sites for primary monitor, contracting agency liaisons and program personnel. Schedules are arranged in advance of each fiscal year. The extent of reviews may be determined by AEIS staff depending on factors of historic performance, current data or family concerns or complaints. AEIS randomly selects records and provides programs with a list of the names on the day of review.

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

XXX

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

XXX

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2017

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

FFY 2017 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

Each program that had findings of noncompliance was issued an action plan that included assurances that the program was correctly implementing the regulatory requirements. Follow-up was scheduled by the monitoring team to ensure that the action plan had been achieved within one year. The programs were subsequently notified in writing that they had achieved compliance within one year.

Describe how the State verified that each *individual case* of noncompliance was corrected

Verification of correction of each instance of noncompliance was conducted through the PAR monitoring and TA process. Each record found to be out of compliance had an associated action plan that included timely correction and compensatory services as needed. Each individual instance of noncompliance as reviewed by the monitoring team was subsequently determined to have been addressed by the programs as per their action plan. Details of the findings and determinations of correction are as follows:

8C Transition Verification of Correction from FFY 2017

AIDB Birmingham: During a TA conducted on 03/05/2018, one finding was noted under the Transition Component (8C). One record revealed the 33rd month meeting was not scheduled and/or convened. An action plan was developed whereby the program will contact the family and LEA to schedule the 33rd month meeting. Follow up: During further review on 03/06/2018, the program submitted the requested documentation and therefore the program re-established compliance for the Timely Transition Component. Official notice was issued to the program that compliance had been achieved.

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*

XXX

Describe how the State verified that each *individual case* of noncompliance was corrected

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

8C - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

8C - OSEP Response

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Provide an explanation of why it is not applicable below.

Select yes to use target ranges.

Target Range not used

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Provide an explanation below.

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/11/2019	3.1 Number of resolution sessions	0
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/11/2019	3.1(a) Number resolution sessions resolved through settlement agreements	0

Targets: Description of Stakeholder Input

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, policy, and public reporting of program status. In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting.

Each subcommittee follows specific By-laws for membership, which reflects diversity within the state. ICC subcommittees include Personnel Development, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team that identifies broad-based stakeholders and methods for gathering their input. There are also special committees which provide input on specific issues as needed (e.g., therapy assistant supervision, extended travel proposal, child/family evaluations and assistance, special meetings and public comment on eligibility requirements, and enhancement of services for children who are deaf or hard of hearing or on the autism spectrum).

The District Councils, which are comprised of the same stakeholders as the state ICC, but at the local level (such as Head Start, the Department of Mental Health, the Department of Human Resources, the Alabama Department of Public Health, local education agencies, the Department of Early Childhood Education, etc.) also provide feedback. During the fall District TAs, which are attended by all programs at the district level and District Early Intervention Coordinators, data and information related to the SPP/APR is discussed and input/feedback is solicited for system enhancement.

The "Blocks of Information" quarterly newsletter is distributed to all providers which includes SPP/APR updates, highlights of EI programs around the state, family stories, updates on policies, highlights of the quarter, and a recap of ICC committee work. Information is shared based on the feedback, requests and professional interests of providers throughout the quarter.

Families are involved in the ongoing feedback process (those serving on the ICC, ICC subcommittees and others selected by programs). The PAR Family Survey, conducted annually, includes specific questions that provide family input into system practice and child/family outcomes as per the SSIP.

State and local conferences have been used to host family meetings and opportunities for input. AEIS partnered with Alabama Family Voices in hosting a Family Leadership luncheon and training which allowed for parent input.

Participation on the Special Education Advisory Panel, Head Start committees, Department of Human Resources QA state board, Department of Early Childhood Education Board, Perinatal Advisory Board, and Alabama Partnership for Children are also venues for gathering input.

The Inclusion Task Force, Alabama Partnership for Children, Strengthening Families and many other organizations and agencies allow AEIS to gather additional input and stakeholder buy-in as we strive to serve all eligible infants, toddlers and families.

All AEIS programs are now implementing the new infrastructure and practice policies and procedures as developed through the SSIP. These programs continue to provide feedback on the child outcome summary process, and data collection and methods of reporting on an ongoing basis. Revisions and future planning are based on this input for the APR and SSIP. Our SSIP outside evaluators from the School of Public Health at UAB have also developed a new input process via a statewide survey and one-on-one interviews to gather feedback and insight on a confidential basis to guide the direction, training and enhancements of the SSIP. AEIS has multiple methods of obtaining input and feedback.

AEIS and other state agencies working with young children in Alabama have been instrumental in the establishment of First 5 Alabama – Alabama Association for Infant and Early Childhood Mental Health. First 5 Alabama is a licensed affiliate of the Alliance for the Advancement of Infant Mental Health, a global organization that includes those states and countries whose infant mental health associations have licensed the use of the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health under their associations' names. The Part C Coordinator acts as the Chairperson for the First 5 Board of Directors. This organization and membership have provided additional opportunities for stakeholder input into the EI system and particularly the SSIP (SIMR) and work in the social emotional area.

Through the continued early childhood work, AEIS has many public and private partnerships with such organizations as the AL Department of Early Childhood Education Inclusion Task Force (a great partnership where the Part C Coordinator is the chairperson), Project LAUNCH, Help Me Grow, State Perinatal Advisory Committee – AI Department of Public Health (ADPH), New Born Screening Advisory Board (ADPH), Universal Newborn Hearing Screening Advisory Board (ADPH), Head Start Advisory, AL Department of Mental Health – Communities of Practice, AI Department of Human Resources Quality Assurance Board and Child Death Review committee, Alabama Partnership for Children Board, Birth Defects Registry Development with the ADPH, Family Voices, University of Alabama and Auburn University schools of special education/rehabilitation, bi-monthly meetings as a member of the Executive Leadership Team for Lead Agency, EI Autism Group, and the 2020 Census work. AEIS has been able to utilize multiple opportunities to share data, information and solicit input from these valued partners. Additional information on each partnership and these initiatives is available upon request.

Historical Data

Baseline					
FFY	2013	2014	2015	2016	2017
Target>=					
Data					

Targets

FFY	2018	2019
Target>=		

FFY 2018 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
					N/A	N/A

Targets

FFY	2018 (low)	2018 (high)	2019 (low)	2019 (high)
Target	XXX	XXX	XXX	XXX

FFY 2018 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2017 Data	FFY 2018 Target (low)	FFY 2018 Target (high)	FFY 2018 Data	Status	Slippage
XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for slippage, if applicable

XXX

Provide additional information about this indicator (optional)

9 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

9 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2018. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Provide an explanation below

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1 Mediations held	0
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1.a.i Mediations agreements related to due process complaints	0
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

The ICC serves as one of the primary stakeholder groups providing ongoing guidance and input into the development of the SPP/APR and SSIP. Information and updates are discussed regularly at each ICC meeting regarding progress towards the achievement of targets, the child outcome data process, selection of targets, training initiatives, policy, and public reporting of program status. In addition, ICC Subcommittees and special task groups are given ongoing opportunities for input throughout the year. Representation on subcommittees and special task groups include representatives from other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education. The ICC continues to be active in reviewing the APR/SSIP and offering input and clarification at each quarterly meeting.

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Historical Data

Baseline	2005				
FFY	2013	2014	2015	2016	2017
Target>=					
Data					

Targets

FFY	2018	2019
Target>=		

FFY 2018 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
						N/A	N/A

Targets

FFY	2018 (low)	2018 (high)	2019 (low)	2019 (high)
Target	XXX	XXX	XXX	XXX

FFY 2018 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2017 Data	FFY 2018 Target (low)	FFY 2018 Target (high)	FFY 2018 Data	Status	Slippage
XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for slippage, if applicable

XXX

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2018. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Select the certifier's role

Designated Lead Agency Director

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name:

Betsy Prince

Title:

Director of Alabama's Early Intervention System

Email:

betsy.prince@rehab.alabama.gov

Phone:

334-324-6731

Submitted on:

04/27/20 1:20:58 PM