

# NJ Part C

# FFY2016 State Performance Plan / Annual Performance Report

# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

## Executive Summary:

The New Jersey Early Intervention System (NJEIS) is submitting this Part C State Performance Plan/Annual Performance Plan (SPP/APR), to the U.S. Department of Education, Office of Special Education Programs (OSEP) by February 1, 2018 in accordance with the Individuals with Disabilities Education Act (IDEA). The plan was developed based upon guidance from OSEP and with broad stakeholder involvement and input.

The US Census Bureau (<https://www.census.gov/quickfacts/NJ>) and the World Population Review (New Jersey Population, (2017-12-17) found at <http://worldpopulationreview.com/states/new-jersey-population/>) documented that New Jersey (NJ) is a geographically small north eastern state with a diverse population of 8,944,469 according to the July 1, 2016 estimate by the U.S. Census Bureau. New Jersey is the 11th most populous state in the country despite being ranked 47th in terms of total land mass. The only US states that are smaller than New Jersey are Connecticut, Delaware and Rhode Island. Despite its small geographic size, for every square mile of New Jersey, there is an average of 1,195.5 people, which makes it the most densely populous state in the country. New Jersey is divided into three geographic regions: North Jersey, Central Jersey and South Jersey. New Jersey has a twenty-one (21) county governmental structure and is one of the only states to have every single county deemed "urban" as defined by the Census Bureau's Combined Statistical area.

The U.S. Census Bureau estimates that New Jersey's median household income in 2016 was \$73,702. The median family income for families with own children was \$91,369. The 2016 U.S. Census estimates include 310,284 children under three years of age in New Jersey. The US Census Bureau reported for 2016 that 15.6% of New Jersey's children were below the federal poverty level and 20.0% were living in households with Supplemental Security Income (SSI), cash public assistance income, or Food Stamps/SNAP benefits.

New Jersey is made up of a very diverse population. As of 2016, the breakdown of languages spoken at home for New Jersey residents, age 5 and older was: 69.3% spoke only English, 15.9% spoke Spanish, 8.4% spoke other Indo-European Languages, 4.8% spoke Asian and Pacific Island languages and 1.6% spoke other languages. In total, 30.7% of New Jersey's population age 5 and older spoke a native language other than English.

The New Jersey Department of Health (DOH) is the designated State lead agency for the New Jersey Early Intervention System (NJEIS) established under Part C of the IDEA. As such, DOH is ultimately responsible for implementing its general supervisory authority to ensure the availability of appropriate early intervention services for eligible infants, toddlers and their families in accordance with federal and state requirements. New Jersey has participated in the federal program since 1987. The Early Intervention System was originally located within the Department of Education. On October 1, 1993, the responsibility for the Early Intervention System was transferred to the DOH.

The NJEIS has a referral system point of entry for children and families through four Regional Early Intervention Collaboratives (REICs) that cover the state's twenty-one counties. Grant/Contracts to the REICs and thirteen (13) Service Coordination Units (SCUs) providing ongoing service coordination for the twenty-one counties are executed annually. Direct early intervention services are provided by approximately fifty-two (52) Early Intervention Program (EIP) provider agencies through contracts with the DOH. EIPs are contracted to serve as a comprehensive agency, a service vendor agency, and/or a targeted evaluation team (TET). Comprehensive agencies are expected to serve as an early intervention home for a child and family, providing all identified services on the IFSP. Service vendors serve as a backup in providing services not available through a comprehensive agency. Individual practitioners must be enrolled with the NJEIS through one of the contracted EIPs.

REICs are also responsible to facilitate family and community involvement in the NJEIS and assure that local resources are coordinated to assist families to meet the needs of their infants and toddlers with developmental delays and disabilities. The REICs are responsible for ensuring that families have an active voice in decision-making on Regional Boards/Councils. Each of the four REICs employs at least one full-time Training and Technical Assistance Coordinator and one full-time Family Support Coordinator. The Family Support Coordinator positions are required to be staffed by a parent of a child with a disability. Early intervention supports and services are provided in accordance with Part C statute and regulations and NJEIS state rules. Policies and procedures are disseminated statewide and posted on the NJEIS website.

NJEIS received a "Needs Assistance" determination from OSEP for both 2016 and 2017. Consistent with federal requirements and a directive in the OSEP Determination letter, NJEIS requested and received technical assistance from the Early Childhood Technical Assistance Center (ECTA) and The Center for IDEA Early Childhood Data Systems (DaSy) during FFY 2016. Throughout the year, ECTA technical assistance was received in areas such as: general supervision, policies and procedures, procedural safeguards, SSIP and child and family outcomes. This assistance provided was consistently a valuable addition to the activities conducted and decisions made throughout the year. Based on technical assistance received, NJEIS reviewed and revised family outcome data collection procedures to ensure high quality data. Implementation of revised procedures, increased the confidence in the data quality as reflected in the indicator performance for FFY 16. Another example is the technical assistance provided in the development of new training on BDI fidelity and on incorporating evidence based practices to enhance child outcome performance. Assistance in reviewing and, as needed, revising policies and procedures that reflect the system changes and enhancements.

We will continue to seek technical assistance from ECTA, DaSy and other OSEP funded TA centers as needed.

## Attachments

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## 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 NJEIS implements a general supervision system that identifies noncompliance, ensures verification of correction in a timely manner in accordance with federal requirements and promotes enhanced performance and results for children and families. This is accomplished through the Monitoring Unit, Procedural Safeguards Office, and the Central Management Office with ongoing activities including data verification, data analysis of performance data, fiscal monitoring, response to disputes, public reporting of data, local determinations, contracts management, personnel development, training, technical assistance, issuing of findings, corrective actions, verification of correction, on-site focused monitoring, and enforcement. In addition, NJEIS has established and implements a Code of Conduct. All approved providers, administrators, and practitioners are required to review and sign their commitment to follow the provisions of this code.

Additional information about these processes is included below:

## Monitoring Activities

A significant component of the NJEIS general supervision system is the performance desk audit process implemented using data compiled through the System Point of Entry (SPOE) database. The purpose of the SPOE data desk audit is to: (1) ensure data in SPOE are accurate; (2) to identify noncompliance and areas for improvement; and (3) to verify correction of noncompliance in accordance with federal requirements in OSEP 09-02.

The SPOE database is an electronic central data system that:

- Ensures an unduplicated count for federal reporting;
- Assists in the verification of data;
- Establishes and provides trend data for improvement planning;
- Identifies potential areas of non-compliance that are then targeted for follow-up by telephone, record submission or site visit; and
- Allows tracking of required corrective actions.

SPOE data desk audits review compliance and performance data for selected priority indicators for all counties/provider agencies. An inquiry response

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format has been developed and implemented to verify accuracy of data, request missing information and determine if barriers are appropriately addressed to correct performance issues. As needed, findings and corrective action plans are issued and verification of correction is completed in accordance with federal requirements.

On-site focused monitoring is an important component of the NJEIS general supervision system used to address reoccurring or long standing noncompliance. Onsite visits are conducted as necessary to verify correction or to determine the need for additional sanctions such as designation of at-risk or high-risk status when correction is not timely.

### Procedural Safeguards Office

The NJEIS has a Procedural Safeguards Office, located within the DOH, Office of the Assistant Commissioner, to ensure the effective implementation of procedural safeguards including family rights. The Procedural Safeguards Office helps to ensure that parents receive and understand their rights and have access to formal, as well as informal systems of dispute resolution, as needed. Procedural safeguards are available to all families and are described in the document "New Jersey Early Intervention System (NJEIS) Family Rights". All NJEIS providers/practitioners are responsible to ensure that families understand their rights under Part C. To facilitate NJEIS provider agencies and practitioners working knowledge of these rights, they are all required to successfully complete six procedural safeguard online training modules.

Service coordinators are given the responsibility to directly assist families in accessing informal and formal dispute resolution including completion and submission of requests for formal dispute resolution, if desired. A parent liaison is available through the Procedural Safeguards Office to advise parents of their rights under the NJEIS, help them understand the options available to them when disputes arise, and assist in resolving informal disputes as needed.

The Procedural Safeguards Office responds to parent issues/concerns and documents contacts for review and analysis. Parents can contact the Procedural Safeguards Office through a toll-free hotline. Parents who call are always advised of their right to file a request for formal dispute resolution at any time. The Procedural Safeguards Office issues compensatory services as appropriate,

The Procedural Safeguards Office documents informal and formal communications from parents by telephone, emails and/or written letters. This includes date of request, issues, resolutions, and timelines by county. This data collection tracks requests and outcome of informal and formal dispute resolutions received by the Procedural Safeguards Office.

The Procedural Safeguards Office compiles information on disputes and shares with state entities including REICs, SCUs, and EIPs, as necessary to facilitate systematic training and technical assistance. In addition, a Procedural Safeguards Office report is presented at each State Interagency Coordinating Council (SICC) meeting on informal and formal complaints and resulting system responses.

Formal dispute resolution procedures are used to identify and correct non-compliance through:

- A statewide mediation system available to ensure parents may voluntarily access a non-adversarial process for the resolution of individual disputes regarding the NJEIS including identification, evaluation and assessment, eligibility determination, placement or the provision of appropriate early intervention services. Mediators are required to undergo training as a condition of serving as mediators. The Procedural Safeguards Office maintains a list of qualified and impartial mediators who are trained in effective mediation techniques and are knowledgeable in laws, regulations and guidelines related to the provision of early intervention services.
- A statewide impartial hearing system available through the Office of Administrative Law (OAL) to ensure parents may voluntarily access a fair process for the resolution of individual disputes regarding the provision of early intervention services including identification, evaluation and assessment, eligibility determination, placement or the provision of appropriate early intervention services.
- A complaint resolution process available to address complaints filed by individual, families, groups, organizations, or from any source, including an organization or individual from another state, indicating a deficiency(s) in the fulfillment of the requirements, or a violation of the requirements, by public or private agencies, which are or have been receiving financial funding or payment under Part C of IDEA or other pertinent state or federal early intervention legislation; or by other public agencies involved in the state's early intervention system. The Procedural Safeguards Office is responsible for investigating and resolving complaints in accordance with Part C requirements.

### Family Survey

NJEIS utilizes the Family Survey developed by the National Center Special Education Accountability Monitoring (NCSEAM). This instrument has been selected because of the rigorous development process it underwent to ensure that the data obtained are valid and reliable. Data from the family survey are analyzed as part of the identification of issues and areas for improvement. See Indicator 4 for a discussion of how the survey is implemented and the data utilized.

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### 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.

The New Jersey Comprehensive System of Personnel Development (CSPD) is designed as a statewide network of regional training and technical assistance coordinators (T&TA) who work at the regional/local provider level under the guidance of the REICs and state CSPD Coordinator. Each of the

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four REICs employs at least one full-time Training and Technical Assistance Coordinator and one full-time Family Support Coordinator. The Family Support Coordinator positions are required to be staffed by a parent of a child with a disability. The REICs offer provider meetings as an opportunity to review NJEIS policies and procedures and provide training and technical assistance on topics as identified by the state, REIC or local provider agencies.

**The New Jersey CSPD:**

- Provides training for a variety of early intervention practitioners, including service coordinators and paraprofessionals; families; and primary referral sources.
- Ensures that training relates specifically to understanding the basic components of early intervention services, federal and state requirements, and how to coordinate transition services for infants and toddlers with disabilities from early intervention to a preschool program under Part B of IDEA or to other early childhood services.
- Provides regional ongoing targeted training and technical assistance to program administrators, service coordinators, and service providers to address areas in need of improvement as well as areas of noncompliance as identified through general supervision activities.

The DOH, NJEIS identified a continuing need to expand to on-line training to meet the training and education needs of NJEIS personnel. Mercer County Community College (MCCC) is contracted to provide NJEIS with access to a Learning Management System that provides access to and tracking of online training to individual administrators and practitioners enrolled with the NJEIS. The contract includes tracking of training/technical assistance modules/webinars, tracking of constituent participation and awarding of CEUs and support Webinars for up to 500 individuals synchronously. NJEIS administrators/practitioners are able to access and view schedules of upcoming live webinars, view descriptions of available modules, and also view job-specific requirements. MercerOnline and Mercer Institute of Management & Technology training provides e-mail and telephone support to assist practitioners with log-in, troubleshooting, system navigation, etc.

NJEIS requires that every practitioner enrolled with the NJEIS have an active email to ensure that the NJEIS can communicate information down to the direct service practitioner. In the past, communications were sent through provider agency administrators with no assurance that the agency passed information down to their direct service practitioners.

Content for the modules and webinars are provided by staff of the NJEIS and modules are designed with the assistance of MCCC staff including IT professionals, Instructional Design Technologists, and MercerOnline staff. Module set-up includes rendering PowerPoint web-ready; printer-friendly formatting; conversion/import of quiz questions; grade book configuration; instructional technologist oversight; shell creation, materials upload and setup; close captioning (for voice-over); and quality assurance review.

Live webinars are conducted by NJEIS staff members on Go-to-Webinar allowing access for up to 500 participants. Mercer Institute provides IT support for each session. Sessions are recorded and stored in the MCCC streaming server, for access via the Learning Management System so that participants have access to recorded versions of the session. Both live and stored sessions track when each participants logs in and out of the system.

Modules are developed and offered asynchronously on the Learning Management System based on content developed by NJEIS staff with the assistance of instructional design and IT support provided by MercerOnline. To ensure retention of the material, quizzes or other supplemental information are developed and placed on the Learning Management System. Participants are required to achieve a "passing score" to receive credit for the completing the module and can test as many times as necessary.

**Procedural Safeguards Modules**

NJEIS implemented six modules on procedural safeguards and requires every individual enrolled with NJEIS to successfully complete the modules as a condition of their ongoing ability to provide early intervention services. The roll-out to the over 4500 existing practitioners started in May 2014 and was completed in January 2016. Effective July 1, 2014, NJEIS required completion of the modules for any individual prior to their enrollment and approval to provide early intervention services through the NJEIS. MCCC provides a weekly report to NJEIS on the use of online modules. Additionally, survey results are available to NJEIS for each of the six procedural safeguards modules and any additional modules that may be developed.

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**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 NJEIS has established personnel standards for all practitioners that provide early intervention services. These standards are maintained and monitored for all early intervention practitioners, requiring educational background and licensure as appropriate for each position in the state. Individual practitioners must be enrolled with the NJEIS through one of the contracted EIPs.

NJEIS has specific enrollment requirements for agencies under contract with the DOH as an early intervention provider and the individuals they use as practitioners for the provision of early intervention services. Agency and practitioner enrollment is through an NJEIS Central Management Office. Agency requirements include proof of agency and practitioner liability insurance, certification statement for submitting claims for services by means other than paper, confirmation of practitioner police and background checks, and copies of signed Code of Conduct acknowledgement for agency administrative staff. Requirements for practitioner enrollment include a completed initial enrollment form that includes discipline specific information including degrees, certification and license numbers that are used to confirm current status of the individual to meet personnel standards, a copy of a signed Code of Conduct acknowledgement and verification that the practitioner has completed required pre-enrollment training.

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NJEIS staff recruitment, preparation, qualification, support, and retention efforts are conducted to facilitate an adequate supply of qualified, capable and skilled early intervention personnel.

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**Stakeholder Involvement:**  apply this to all Part C results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

NJEIS relies each year on a Part C Steering Committee which includes the State Interagency Coordinating Council to advise and assist in the development of NJEIS State Performance Plans/Annual Performance Reports (SPP/APR).

This FFY 2016 SPP/APR was developed with broad stakeholder obtained at a January 17, 2018 Part C Steering Committee meeting. This included review of data for fiscal year 2016 (July 1, 2016 - June 30, 2017). The stakeholders reviewed available data and analyzed the status of the state Part C system including local performance data and the current targets for FFY 2014-2018. This included discussion on progress and slippage as well as challenges and resources related to each indicator. Discussion included potential implications for the OSEP results driven accountability initiative and the current NJEIS work on the State Systemic Improvement Plan (SSIP). A final draft of the SPP/APR was reviewed and discussed at the January 26, 2018 SICC meeting at which time the SICC certified the FFY 2016 SPP/APR as their annual report.

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### Reporting to the Public:

How and where the State reported to the public on the FFY 2015 performance of each EIS Program or Provider 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 2015 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2015 APR in 2017, is available.

The NJEIS Part C State Performance Plan/Annual Performance Report (SPP/APR) is disseminated to the public through posting to the state website (<http://nj.gov/health/fhs/eis/public-reporting/>) and the Regional Early Intervention Collaboratives (REICs) at <http://www.njreic.org/>. The SPP/APR is also disseminated electronically to representatives of the Part C Steering Committee, State Interagency Coordinating Council (SICC), state agencies (Department of Education, Department of Human Services, Department of Children and Families), advocacy organizations, Service Coordination Units and Early Intervention Program provider agencies for distribution throughout the State.

Updates on this SPP/APR are prepared and submitted each February. These NJEIS reports and past reports are posted at: <http://nj.gov/health/fhs/eis/public-reporting/>. The SPP/APR is disseminated to all of the above individuals electronically for distribution through their dissemination mechanisms (e.g., newsletters, websites, list serves, etc) throughout the State.

FFY 2016 County Performance Reports and Part C Determinations outlining the performance of each county in relation to state targets and Part C requirements will be prepared and disseminated within 120 days of the submission of this SPP/APR.

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### Actions required in FFY 2015 response

### OSEP Response

The State's determinations for both 2016 and 2017 were Needs Assistance. Pursuant to section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 29, 2017 determination letter informed the State that it must report with its FFY 2016 SPP/APR submission, due February 1, 2018, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

States were instructed to submit Phase III Year Two of the State Systemic Improvement Plan (SSIP) by April 2, 2018. The State provided the required information.

In the FFY 2017 APR, the State must report FFY data for the State-identified Measurable Result (SIMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities; (2) measures and outcomes that were implemented since the State's last SSIP  
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submission (i.e., April 2, 2018); and (3) a summary of the infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short- and long-term outcomes that are intended to impact the SiMR.

**Required Actions**

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Indicator 1: Timely provision of services**

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)

**Historical Data**

Baseline Data: 2013

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		82.30%	93.20%	88.17%	97.06%	92.09%	92.70%	97.12%	97.10%	94.58%	95.12%

FFY	2015
Target	100%
Data	93.13%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target	100%	100%	100%

**FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
282	334	93.13%	100%	94.61%

<p><b>Number of documented delays attributable to exceptional family circumstances</b>  <i>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.</i></p>	34
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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). NJEIS established with Part C Steering Committee input, a policy for "timely services" as "All services are provided within 30 calendar days from the date the IFSP is signed by the parents documenting consent for the services on the IFSP."

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

- State monitoring
- State database

**Describe the method used to select EIS programs for monitoring.**

Sampling Plan:

- NJ continues to monitor all 21 counties every two years for 10 counties in odd numbered FFYs (Cohort A) and 11 counties in even number FFYs (Cohort B).
- NJEIS has a statewide database that authorizes the IFSP services consented to by the parent for assignment and billing by local provider agencies.
- Business rules include all active children and all services during a quarter (3 months) of the FFY.
- A simple random sampling plan without replacement with a 95% confidence level and +/- 5 confidence interval ensures that child records chosen, appropriately represent the state population.
- Therefore, the FFY 2016 timely services monitoring uses the statewide database to begin a data desk audit based on a simple random sampling without replacement of three months of the FFY 2016 service claim data. The data represents all active child records for the months of September to November 2016 for eleven of the twenty one counties in New Jersey. The other ten counties were reviewed in FFY 2015 and reported in the APR submitted February 1, 2017.

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**Data Desk Audit, Inquiry and Record Review:**

- The NJEIS electronic state database does not currently capture all variables needed to determine whether a service is timely including reasons for delay and is unable to provide data that identifies whether a service is timely if it was first authorized under a periodic/annual IFSP. Therefore, as part of the monitoring process, the monitoring team conducts a data desk audit and inquiry.
- The purpose of the data desk audit and inquiry is to: (1) identify reasons for delays, including documentation of family reasons; (2) determine if the service was added at a subsequent IFSP team meeting not captured in the database; (3) identify root cause and ensure correction of any systemic barriers; and (4) verify that the delayed service was provided although late.
- The monitoring team uses all the information received to determine where in the process the delay occurred and who was responsible.
- The identification of the data needed to conduct a timely data desk audit, inquiry, and record review is driven by the availability of actual service claims data to ensure that complete and accurate data is available for the data desk audit. Provider agencies have up to 90 days from the date of service to submit claims data for billing. For example, service claim data provided between August 1 and October 31 are not complete until February 1.
- The data desk audit, inquiry and record review has historically taken 3 to 6 months to confirm non-compliance and determine the responsible agency(s) and root causes for the non-compliance.
- Timely service data passes through a number of edit checks including:
  - Verification that there is a valid IFSP date with a billing authorization within the IFSP period.
  - Verification there is a valid claim filed by the provider agency.
  - Verification the claim is supported by a service encounter verification log signed by the parent and;
  - An explanation of benefits provided to the family that details the services rendered as a secondary verification that the service type, date and intensity are accurate.
- The sample of data is analyzed to verify the number of days to the first service by comparing the parent consent date of service to the first service claim date. Further inquiry includes:
  - Reason and explanation of delay;
  - Identification of type of IFSP (initial, review, annual review);
  - Date IFSP was sent by SCU and received by the Early Intervention Program (EIP);
  - EIP assignment date;
  - Reasons and barriers that affected meeting the 30 day timely service provision;
  - Agency's response to correct the system barrier;
  - Description of how the agency is assured that the barrier has been corrected;
  - Submission of policies and procedures which were created or revised; and
  - Confirmation the agency followed NJEIS policies and procedures.

**Provide additional information about this indicator (optional)**

Data Analysis and Results:

There were 2,085 children in the state database for the quarter monitored meeting the business rules stated above. These children had a total of 3,332 services.

Indicator 1 Data	Children	Services
Quarter of the Data: September-November 2016	2,085	3,332
Sample of the Quarter (Denominator)	<b>334</b>	<b>558</b>
Initial Timely Services (Dirty Data without Desk Inquiry)	282	501
Initial Untimely Services (Dirty Data without Desk Inquiry)	52	57
Desk Inquiry Verification of Family Reason for delay or On-Time	34	37
Desk Inquiry Verification of Untimely service	18	20
Corrected Numerator (Timely + Family Reasons)	282 + 34 = <b>316</b>	501 + 37 = <b>538</b>
State Compliance Percentage	<b>316/334= 94.61%</b>	<b>538/558=96.42%</b>

The 18 kids (20 services) delays were:

Indicator 1 Data	Number of Services
Delayed Service Type	
Physical Therapy	2
Speech Therapy	9
Occupational Therapy	4
Developmental Intervention	5
Total	20

Of the 20 services delayed:

Indicator 1 Data	Count
Days Delayed	
Delayed between 1-7 days	7
Delayed between 8-14 days	7
Delayed over 14 days	6
Total	20



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- The desk audit random sample included 334 active child records and 558 services obtained from the NJEIS data system.
- The initial data desk audit identified that 282 of the 334 children (501 of 558 services) did receive timely services based on consent date of the IFSP.
- Without the necessary drill down for reason for delay, 52 children (57 services) appeared to have received at least one service untimely.
- The inquiry was conducted by the lead agency monitoring staff to obtain the necessary additional information on 52 of the 334 children and 57 of their 558 services.
- The results of the inquiry identified that for 34 of the 52 children in the database identified to have received their services late (37 of the 57 services), the delays were child or family related (including child illness/hospitalization, family cancellations and requests to reschedule). The data for these children are included in both the numerator and the denominator. Therefore, 34 of the 52 children (37 of the 57 services) were determined to have exceptional family circumstances that resulted in services being considered acceptable however untimely. Eighteen (18) children (20 services) were determined to have non-compliance in timely services.
- Overall, 96.42% (538/558) of the services were timely including 37 services which were delayed due to a family reason.

The chart below shows the trend data of compliance from the two cohorts:

NJEIS 21 Counties	FFY 07-08	FFY 08-09	FFY 09-10	FFY 10-11	FFY 11-12	FFY 12-13	FFY 13-14	FFY 14-15	FFY 15-16	FFY 16-17
Cohort A (10 counties)	88.17%		92.09%		97.12%		94.58%		93.13%	
Cohort B (11 counties)		97.06%		92.70%		97.10%		95.12%		94.61%

**Findings Issued:**

As a result of the additional inquiry, eight (8) findings of non-compliance were issued in FFY 2016 based on this monitoring data from FFY 2016 with Corrective Action Plans for two (2) agencies.

Indicator 1	Agencies	Findings	Agency Name(s)	Date of Finding
Service Coordination Units (SCUs)		3	Middlesex (CAP), Camden, Union SCUs	October 17, 2017
Early Intervention Programs (EIPs)		5	CompCare EIP (Bergen, Middlesex, Passaic) (CAP), Sunny Days (Bergen), Theracare (Middlesex), Therapy Associates (Bergen, Passaic), NJ Institute Disabilities (Middlesex)	October 17, 2017
Total Findings for FFY 2016		8		
Number of Findings Closed As of 2/1/18		0		
Number of Findings Not Verified as of 2/1/18		8		Agencies have until October 16, 2018 to verify correction

**Actions required in FFY 2015 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2015**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	3	0	0

**FFY 2015 Findings of Noncompliance Verified as Corrected**

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

Three (3) findings of noncompliance were issued in FFY 2015 based on monitoring data from FFY 2015 performance. These findings went to one (1) SCU and two (2) EIPs.

- All three (3) findings were issued on June 22, 2016.
- One (1) of the three findings was verified as corrected according to both prongs within four (4) months.
- Two (2) of the three findings were verified as corrected according to both prongs within ten (10) months.

**NJEIS has:**

- Identified the responsible agencies, their percentage of non-compliance in each county and determined reasons for delay (root causes).
- Determined if any policies, procedures and/or practices contributed to the reasons for delays. If yes, the corrective action plan required the agency to establish and/or revise appropriate policies, procedures and/or practices. Agencies are held accountable to specific timelines at each step of the process to facilitate services starting sooner to better ensure meeting the 30 day timeline (Prong 2).

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

- Ensured that each agency with identified non-compliance is correctly implementing the specific regulatory requirements based on a monthly review and verification of timely initiation of services for all children who had an IFSP event. These monthly reviews continue until the agency is operating at 100% compliance for this indicator at which point the finding is closed.

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

NJEIS has accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, and record review and in some instances, on-site data verification. The DOH confirmed that services were initiated for each child, although late for any child whose services were not initiated in a timely manner, unless the child was no longer in the jurisdiction of NJEIS as verified by the monitoring team through claims data, service encounter verification sign-off, and progress notes (Prong 1).

Activities for documentation and verification of the correction include updated data from the database; faxed copies of progress notes and IFSPs from child records; verification of claims and service authorization data; and in some cases on-site visits to verify child records. These monthly reviews continue until the agency is operating at 100% compliance for this indicator at which point the finding is closed.

**OSEP Response**

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02.

In the FFY 2017 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

**Required Actions**

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 2: Services in Natural Environments**

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)

**Historical Data**

Baseline Data: 2012

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			99.20%	99.30%	99.40%	99.45%	99.50%	99.50%	99.50%	99.81%	99.81%
Data		99.39%	99.29%	97.80%	98.78%	99.46%	99.67%	99.82%	99.81%	99.92%	99.82%

FFY	2015
Target ≥	99.84%
Data	99.79%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target ≥	99.87%	99.89%	99.92%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

### Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	<a href="#">Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</a>	13,561	
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	<a href="#">Total number of infants and toddlers with IFSPs</a>	13,579	

### FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
13,561	13,579	99.79%	99.87%	99.87%

### Provide additional information about this indicator (optional)

In FFY 2016, the 618 data reported (13,561/13,579) 99.87% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based settings.

The 13,561 included 12,302 children who received services primarily in the home (90.60%) plus 1,259 who received services primarily in community-based settings (9.27%).

NJEIS finds that the requirement, which designates the primary setting as the location where the child receives most of their services, under represents the number of services provided in community settings.

A review of the December 1 data from FFY 2016 indicated that 1,150 of the 12,302 that received services primarily in the home and 5 that received services primarily in other settings, also received at least one service in the community.

The percentage of children who received any services in the community is 17.70% ((1249+1155)/13,579). This is an increase of 0.17% compared to FFY 2015, which was 17.53%.

In FFY 2016, 99.87% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based settings compared to 99.79% in FFY 2015 which is an increase of 0.08%.

The percentage of children receiving services in primarily community-based settings increased 0.51%, from 8.76% in FFY 2015 (1094/12,491 children) to 9.27% in FFY 2016 (1259/13,579 children).

In FFY 2016, 0.13% (18/13,579 children) of children were counted in other settings (percentage of non-natural environment settings).

In FFY 2016, 76.19 (16 of the 21) counties exceeded the target of 99.87% of children primarily served in natural environments.

### Actions required in FFY 2015 response

none

### OSEP Response

### Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 3: Early Childhood Outcomes**

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)

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)? No

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2012	Target ≥						56.30%	58.50%	58.50%	58.50%	38.15%	38.15%
		Data					55.31%	40.54%	40.29%	42.61%	30.62%	38.15%	39.87%
A2	2012	Target ≥						86.64%	87.50%	89.25%	89.75%	77.29%	77.29%
		Data					86.64%	89.25%	85.18%	83.59%	79.03%	77.29%	80.11%
B1	2012	Target ≥						80.39%	83.00%	83.00%	83.00%	82.59%	82.59%
		Data					80.39%	81.34%	83.79%	82.42%	77.32%	82.59%	84.11%
B2	2013	Target ≥						60.50%	64.00%	68.00%	72.00%	45.87%	45.87%
		Data					60.12%	71.49%	65.99%	56.43%	50.73%	45.87%	47.54%
C1	2012	Target ≥						92.72%	95.00%	95.00%	95.00%	92.85%	92.85%
		Data					92.72%	95.16%	93.97%	89.45%	92.25%	92.85%	93.43%
C2	2012	Target ≥						85.44%	86.50%	88.50%	91.12%	78.75%	78.75%
		Data					85.44%	91.12%	85.85%	83.07%	80.37%	78.75%	80.23%

	FFY	2015
A1	Target ≥	39.85%
	Data	39.63%
A2	Target ≥	77.97%
	Data	77.36%
B1	Target ≥	83.20%
	Data	82.54%
B2	Target ≥	46.90%
	Data	46.65%
C1	Target ≥	92.85%
	Data	93.01%
C2	Target ≥	79.81%
	Data	79.79%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target A1 ≥	41.55%	43.25%	45.00%
Target A2 ≥	78.65%	79.33%	80.00%
Target B1 ≥	83.80%	84.40%	85.00%
Target B2 ≥	47.90%	49.02%	50.00%
Target C1 ≥	92.88%	92.88%	93.00%
Target C2 ≥	80.87%	81.93%	83.00%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

FFY 2016 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	5866.00
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Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	160.00	2.73%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	822.00	14.01%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	243.00	4.14%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	508.00	8.66%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	4133.00	70.46%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
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 $(c+d)/(a+b+c+d)$ .	751.00	1733.00	39.63%	41.55%	43.34%
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 $(d+e)/(a+b+c+d+e)$ .	4641.00	5866.00	77.36%	78.65%	79.12%

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	53.00	0.90%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	680.00	11.59%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2204.00	37.57%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2059.00	35.10%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	870.00	14.83%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
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 $(c+d)/(a+b+c+d)$ .	4263.00	4996.00	82.54%	83.80%	85.33%
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 $(d+e)/(a+b+c+d+e)$ .	2929.00	5866.00	46.65%	47.90%	49.93%

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	13.00	0.22%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	122.00	2.08%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1050.00	17.90%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1472.00	25.09%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	3209.00	54.71%

	Numerator	Denominator	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
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 $(c+d)/(a+b+c+d)$ .	2522.00	2657.00	93.01%	92.88%	94.92%
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 $(d+e)/(a+b+c+d+e)$ .	4681.00	5866.00	79.79%	80.87%	79.80%

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

### 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	
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.	2457

Please note that this data about the number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program is optional in this FFY16 submission. It will be required in the FFY17 submission.

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? No

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

NJEIS uses the BDI-2 to report child outcomes and to measure progress against peers. NJEIS uses the domain scores of a child upon entry to the program compared to the child's domain scores upon exit from the program

The Personal -Social Domain of the BDI is used to answer question 3A and "Peers" is defined as a standard score equal to or above the standard score of 80 in the domain area.

The Communication and Cognitive Domains are used to answer question 3B, NJEIS uses this business rule for consideration of "with peers": The child must have a standard score equal to or greater than 80 in *both* domains to be counted as "with peers".

The Adaptive and Motor domains are used to answer question 3C. NJEIS uses this business rules for consideration of "with peers": The child must have a standard score equal to or greater than 80 in *both* domains to be counted as "with peers".

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

The Battelle Developmental Inventory 2nd Edition, (BDI) is used by NJEIS to collect baseline information on each outcome area at entry into the program and again upon exit from the program. The business rules answer each of the three questions using the 5 domains on the BDI. Personal-Social Domain to answer progress on 3A, Communication and Cognitive Domains answer 3B and the Motor and Adaptive Domains are used to answer 3C. NJEIS has used the same business rules since 2008 and the procedures allow for comparison over time and across populations. All children who participate in the program for at least 6 months and who are exiting the program, are eligible for an exit evaluation. NJEIS does not sample for this indicator.

#### Actions required in FFY 2015 response

none

#### OSEP Response

States must report the following data starting with the FFY 2017 SPP/APR submission, due February 2019: (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.

#### Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 4: Family Involvement**

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)

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2012	Target ≥			59.90%	64.00%	68.00%	71.00%	73.01%	73.01%	75.00%	71.18%	71.18%
		Data			59.90%	67.10%	71.60%	66.80%	69.60%	70.86%	69.37%	71.18%	72.78%
B	2012	Target ≥			55.60%	60.00%	64.00%	67.50%	69.88%	69.88%	72.00%	66.67%	66.67%
		Data			55.60%	63.20%	68.40%	63.90%	65.20%	68.86%	64.77%	66.67%	69.11%
C	2012	Target ≥			70.40%	73.00%	74.50%	75.50%	76.96%	83.80%	85.00%	83.09%	83.09%
		Data			70.40%	80.80%	83.80%	83.40%	82.70%	81.84%	80.96%	83.09%	83.42%

	FFY	2015
A	Target ≥	72.14%
	Data	66.22%
B	Target ≥	67.50%
	Data	62.85%
C	Target ≥	83.57%
	Data	82.29%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target A ≥	73.09%	74.05%	75.00%
Target B ≥	68.34%	69.17%	70.00%
Target C ≥	84.05%	84.52%	85.00%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**FFY 2016 SPP/APR Data**

Number of families to whom surveys were distributed	4581.00
Number of respondent families participating in Part C	12.86% 589.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	464.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	589.00
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	445.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	589.00
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	524.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	589.00

	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their	66.22%	73.09%	78.78%



**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
rights			
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	62.85%	68.34%	75.55%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	82.29%	84.05%	88.96%

Was sampling used? Yes

Has your previously-approved sampling plan changed? No

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

The following business rules were applied in the selection of families to receive the family survey. Children must have been in the system for at least 9 months from referral; and Children that had an active IFSP or exited early intervention 3 months or less from the population selection date. The analysis of NJEIS data using the above business rules identified a total population size of 7,789 families. The NJEIS filters out all duplicates (siblings, multiple births). NJEIS total unduplicated population size is 7,435 and is documented by the table below.

CountyName	White/ Not Hispanic	African American/ Not Hispanic	Hispanic	Native Hawaiian or other Pacific Islander	Asian	American Indian/ Alaskan Native	Multiracial	(blank)	Grand Total
ATLANTIC	93	25	72		10	2	10		212
BERGEN	340	19	244	7	68	1	32		711
BURLINGTON	142	46	36		11		28	2	265
CAMDEN	153	45	102		14		27		341
CAPE MAY	45	1	13				5		64
CUMBERLAND	36	11	61		1		4	1	114
ESSEX	147	254	334		22		25	2	784
GLOUCESTER	159	10	27		4		12		212
HUDSON	91	26	304	2	57	2	19	1	502
HUNTERDON	49	1	12	1	2		2		67
MERCER	78	43	82		18		7	1	229
MIDDLESEX	199	42	264	1	122	2	33		663
MONMOUTH	280	37	155		16		24		512
MORRIS	192	9	81		32		16		330
OCEAN	776	13	133		5	1	17		945
PASSAIC	183	37	364		27		10		621
SALEM	16	3	6		1		4		30
SOMERSET	92	20	66		31		9		218
SUSSEX	81	1	24		1		5		112
UNION	139	79	191	1	15		16	1	442
WARREN	34	5	14		3		5		61
Grand Total	3325	727	2585	12	460	8	310	8	7435

**Sampling Plan**

NJEIS conducted a two year analysis of historic NJEIS family survey data to identify a potential return rate in an effort to prevent a high margin of error. The NJEIS return rate in FFY 2006-2007 was 15%. Historically, African American/Not Hispanic (AA/NH) and Hispanic (H) families have lower return rates than other race groups (White/Asian/American Indian/Hawaiian-Pacific Islander/Multi Race) (W/A/AI/PI/PI/MULTI). This difference was documented in the analysis of the 2005-2006 family survey return rates. Therefore, the NJEIS over sampled these two race groups. NJEIS population varies widely for each county. A minimum and maximum sample size was set to ensure that the sample size from small and densely populated counties was appropriately represented.

NJEIS not only wanted to examine the results for the overall population, but also wanted to understand the differences between key demographic subgroups within the population. In order to be certain to obtain a sample that is representative of the NJEIS population and based on analysis results from previous family surveys, NJEIS implemented the use of a county stratified random sampling without replacement, unequal allocation African American/Not Hispanic (AA/NH) and Hispanic (H) race group were pulled at higher percentages than other race groups (W/A/AI/PI/PI/MULTI). The detailed plan follows:

Step 1: Target number of survey returns per county.

The sampling plan is a county stratified random sample without replacement, unequal allocation.

The sampling rate is 20% with a minimal county stratum size of 20 and a maximum county stratum size of 75.

The margin of error (MOE) per county varied from 11% to 20%. The margin of error for 15 out of the 21 counties is less than or equal to 18%.

The overall state wide margin of error (MOE) was 3%.

Step 2: Calculate outgoing sample.

To compensate for a projected lower response rate from African American/Not Hispanic and Hispanic race groups, an additional sample was drawn in each of the county stratum. With a 20% expected return rate, the actual number of family surveys mailed was 4,581 for the NJEIS population of 7,435 as documented by the table below.

Step 3: Analysis Weights

Both stratification and differential response cause samples to deviate from representativeness and therefore weights were adjusted for both. As part of the analysis, a weight inverse was implemented to the: Sampling Fraction (s.f.) (Including all differentials in target n and field sampling rate (fsr)); and Response rate.

CountyName	W/AI/A/PI/MULTI	Child Count		Expected returns			design effects		Sample out				total
		B/H	Child count	N	s.f.	MOE	wt	wt-norm	W/AI/A/PI/MULTI	f.s.r.	B/H	f.s.r.	
ATLANTIC	115	97	212	21	10%	20%	1.0	1.E-03	57	50%	72	74%	129
BERGEN	448	263	711	71	10%	11%	1.0	1.E-03	224	50%	197	75%	421
BURLINGTON	181	82	265	27	10%	18%	1.0	1.E-03	92	51%	63	77%	155
CAMDEN	194	147	341	34	10%	16%	1.0	1.E-03	97	50%	110	75%	207
CAPE MAY	50	14	64	20	31%	18%	0.3	4.E-04	50	100%	14	100%	64
CUMBERLAND	41	72	114	20	18%	20%	0.6	8.E-04	36	88%	72	100%	108
ESSEX	194	588	784	75	10%	11%	1.0	1.E-03	93	48%	422	72%	515
GLOUCESTER	175	37	212	21	10%	20%	1.0	1.E-03	87	50%	27	73%	114
HUDSON	171	330	502	50	10%	13%	1.0	1.E-03	85	50%	247	75%	332
HUNTERDON	54	13	67	20	30%	18%	0.3	5.E-04	54	100%	13	100%	67
MERCER	103	125	229	23	10%	19%	1.0	1.E-03	52	50%	94	75%	146
MIDDLESEX	357	306	663	66	10%	11%	1.0	1.E-03	178	50%	228	75%	406

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

MONMOUTH	320	192	512	51	10%	13%	1.0	1.E-03	159	50%	143	74%	302
MORRIS	240	90	330	33	10%	16%	1.0	1.E-03	120	50%	68	76%	188
OCEAN	799	146	945	75	8%	11%	1.3	2.E-03	317	40%	87	60%	404
PASSAIC	220	401	621	62	10%	12%	1.0	1.E-03	110	50%	300	75%	410
SALEM	21	9	30	20	67%	13%	0.2	2.E-04	21	100%	9	100%	30
SOMERSET	132	86	218	22	10%	20%	1.0	1.E-03	67	51%	65	76%	132
SUSSEX	87	25	112	20	18%	20%	0.6	8.E-04	78	90%	25	100%	103
UNION	171	270	442	44	10%	14%	1.0	1.E-03	85	50%	202	75%	287
WARREN	42	19	61	20	33%	18%	0.3	4.E-04	42	100%	19	100%	61
Grand Total	4115	3312	7435	795	11%	3%	740	740	2104		2477		4581

### Promotion of the survey and Follow-up

Each year, families mail the completed survey directly to an outside contractor to analyze the survey results. A unique child identification number is documented on each survey to allow for demographic analysis. The contractor conducting the analysis only provides a listing of the child identification numbers of families responding to the survey back to the NJEIS. This enables the NJEIS to conduct follow-up activities to obtain a representative sample. At no time does the contractor share information with NJEIS on how any individual family responded.

To ensure NJEIS receives the representative sample, the following are implemented annually: Distributing the survey with the impact questions on one form with English on one side and Spanish on the other side so that all families in the sample receive the survey in both languages (attachments).

Families who do not identify English as their primary language are identified through the demographic data and the NJEIS: Provides families with a translated version of the survey (if available); or offers to conduct a phone survey with the family utilizing Language Line.

CountyName	Grand Total
Arabic	37
Chinese	4
English	3422
French	4
French Creole	15
Greek	1
Hebrew	7
Hindi	15
Italian	1
Japanese	2
Korean	11
Mandarin	4
Persian	1
Polish	5
Portuguese	21
Russian	9
Sign Language	5
Spanish	1007
Tagalog	2
Turkish	6
Vietnamese	2
Grand Total	4581

Since FFY 2008, NJEIS has added an option for families to respond to the survey through the Internet using a unique child identification number (PLINK number). To improve response rates, the lead agency reviews and verifies family addresses with the Service Coordination Units prior to the initial mailing of the survey. Returned mail and phone contacts with families resulted in a verification, correction of address and re-mailing of the survey to a confirmed address and/or the option to complete the survey via phone and Internet. The response rate is reviewed and any counties under represented on the expected return rate, are identified by race.

Additional follow up surveys have been conducted to the under-represented race groups per counties by having an independent consultant group contact families and offer assistance to complete the survey by mail or through the Internet. Once there is sufficient response, the survey is closed.

The NJEIS looked at both performance and response rate for this indicator in FFY 2016. While the response rate decreased in FFY 2016 to 12.86%, the number of return surveys exceeds the minimum number required for an adequate confidence level based on established survey sample guidelines and remains representative of the population and adequately reflects the distribution by county.

In response to the slippage in all three sub-indicators under indicator 4 in FFY 2015, NJEIS identified several factors that may be contributing to the performance.

NJEIS uses the NCEAM survey with Rasch analysis. For some of the survey questions, there was a shift in the level of agreement (agree (4), strongly agree (5) and very strongly agree (6) or disagree (3), strongly disagree (2) and very strongly disagree (1)) reported by families. The Rasch score is weighted to be sensitive to the distribution of scores across 1-3 and 4-6. This resulted in lower performance based upon the individual weighting of response choices. For example, even though families may have agreed in a category, that the NJEIS helped them know about their child's and family's rights concerning Early Intervention services, the level of very strongly agree decreased and disagree increased.

In FFY 2015, there was a significant increase in the overall number of surveys completed as well as a significant increase in the number of survey responses completed by telephone interview. NJEIS disaggregated the data, discussing with staff who assist in the family survey process to determine if the method of survey completion could have been a factor in the performance.

As a result of preliminary data analysis and discussions with stakeholders, the following decisions were made regarding the implementation of the FFY 2016 survey:

Continued to analyze the shift in distribution in scores by questions and by county to look for patterns that may assist in the development of improvement activities;

Revised current survey protocols including development of standard scripts to be used when interviewing families to complete the survey; and

Contracted with a research firm to make the calls to parents to ensure consistency in how the survey calls are conducted.

NJEIS is pleased that the performance in all three subindicators increased significantly in FFY 2016. The use of the of an outside research firm to interview families with a consistent established script, has increased NJEIS confidence in the quality of the data.

NJEIS continues to explore ways to increase parent completion of the survey.

Was a collection tool used? Yes

Is it a new or revised collection tool? No

The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

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.

For the eleventh year, NJEIS implemented the 22 item Impact on Family Scale (IFS) family survey developed and validated by the National Center for Special Education Accountability Monitoring (NCSEAM) and analyzed through the Rasch measurement framework.

While OSEP requires that the state's performance be reported as the "percent" of families who report that early intervention services helped them achieve specific outcomes deriving a percent from a continuous distribution requires application of a standard, or cut-score. The NJEIS elected to apply the Part C standards recommended by a nationally representative stakeholder group convened by NCSEAM.

The Impact on Family Scale (IFS) measures the extent to which early intervention helped families achieve positive outcomes specified in Indicator 4. The IFS was developed by NCSEAM to provide states with a valid and reliable instrument to measure (a) positive outcomes that families experience as a result of their participation in early intervention and (b) families' perceptions of the quality of early intervention services.

Data from the scale was analyzed through the Rasch measurement framework. For the IFS scale, the analysis produced a measure for each survey respondent. Individual measures can range from 0 to 1,000. For the IFS, each family's measure reflects the extent to which the family perceives that early intervention has helped them achieve positive family outcomes. The IFS measures of all respondents were averaged to yield a mean measure reflecting overall performance of the state in regard to the impact of early intervention on family outcomes. The mean measure on the IFS was 674. The standard deviation was 178, and the standard error of the mean was 7.3. The 95% confidence interval for the mean was 660.0 - 688.8. This means that there is a 95% likelihood that the true value of the mean is between these two values.

- On August 22, 2017, 4,581 surveys were mailed to a sample of families served by NJEIS. Cover letters as well as postage paid business reply envelopes were included with the surveys.
- The final cut off date for processing surveys was extended to November 10, 2017 to allow families additional time to respond.
- Of the 4,581 surveys distributed across twenty-one counties, 589 were returned for a response rate of 12.86%. The number of return surveys exceeds the minimum number required for an adequate confidence level based on established survey guidelines (e.g., <https://www.surveysystems.com/sscalc.htm>).
- In total, 403 paper surveys and 186 web responses were collected.
- There were 536 responses in English and 53 in Spanish.
- In an effort to increase the response rate, over 1,700 non-respondent families were contacted via telephone to provide options for completing the survey.
- The county return distribution for the state adequately represented the NJEIS county population. The range of variance between the return rate and the December 1, 2016 rate by county was -3.9% to +1.7%. The median percent difference was 0.1% and the mode was 0.2% as depicted in the table below.
- Ocean county is slightly under represented by 3.9%. Hunterdon county was slightly over represented by 1.7%.

2017 County	Distributed	% Distributed	N Returned	% Returned	Dec 1 2016	Dec 1 2016 %	Difference Return - Dec 1
ATLANTIC	129	2.8%	12	2.04%	382	2.8%	-0.8%
BERGEN	421	9.2%	49	8.32%	1,293	9.5%	-1.2%
BURLINGTON	155	3.4%	16	2.72%	497	3.7%	-0.9%
CAMDEN	207	4.5%	24	4.07%	622	4.6%	-0.5%
CAPE MAY	64	1.4%	11	1.87%	113	0.8%	1.0%
CUMBERLAND	108	2.4%	16	2.72%	210	1.5%	1.2%
ESSEX	515	11.2%	62	10.53%	1,402	10.3%	0.2%
GLOUCESTER	114	2.5%	16	2.72%	391	2.9%	-0.2%
HUDSON	332	7.2%	41	6.96%	941	6.9%	0.0%
HUNTERDON	67	1.5%	15	2.55%	118	0.9%	1.7%
MERCER	146	3.2%	22	3.74%	427	3.1%	0.6%
MIDDLESEX	406	8.9%	57	9.68%	1,225	9.0%	0.7%
MONMOUTH	302	6.6%	40	6.79%	929	6.8%	-0.1%
MORRIS	188	4.1%	28	4.75%	647	4.8%	0.0%
OCEAN	404	8.8%	50	8.49%	1,684	12.4%	-3.9%
PASSAIC	410	9.0%	45	7.64%	1,100	8.1%	-0.5%
SALEM	30	0.7%	4	0.68%	74	0.5%	0.1%
SOMERSET	132	2.9%	20	3.40%	392	2.9%	0.5%
SUSSEX	103	2.2%	16	2.72%	196	1.4%	1.3%
UNION	287	6.3%	37	6.28%	824	6.1%	0.2%
WARREN	61	1.3%	8	1.36%	112	0.8%	0.5%
TOTAL	4581	100.0%	589	100.00%	13,579	100.0%	

- The December 1, 2016 population by race/ethnicity matched the FFY 2016 survey race/ethnicity of respondents within +/-2.79% for all race/ethnicity groups.
- The NJEIS has historically observed an under-representation in survey response from the African American/Not Hispanic (AA/NH)

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

and Hispanic (H) race/ethnicity groups and therefore has conducted surveys with an over-sampling of these two populations. In addition, secondary follow-up was attempted to families from these race/ethnicity groups that did not respond to the initial survey request.

- The final county return race/ethnicity distribution for the state adequately represented the NJEIS county race/ethnicity population surveyed.
  - The range of variance between the return race/ethnicity population and the December 1 2016 race/ethnicity by county was -2.45% to +2.79%.
  - The Median difference between the race/ethnicity population and the returns was -0.18%
  - The Caucasian/Not Hispanic population was over-represented by 2.79%, and the African American population was under-represented by -2.45% as depicted in the table below.

2016-2017 Race/Ethnicity	Distributed	Returned	Return Rate	Percent of Return	Dec 1 2016 Race	Dec 1 2016 Race %	Difference Return - Race
White/ Not Hispanic	1,694	281	16.59%	47.71%	6,100	44.92%	2.79%
African American/ Not Hispanic	548	44	8.03%	7.47%	1,347	9.92%	-2.45%
Hispanic	1,929	199	10.32%	33.79%	4,645	34.21%	-0.42%
Native Hawaiian or other Pacific Islander	6	0	0.00%	0.00%	27	0.20%	-0.20%
Asian	230	41	17.83%	6.96%	909	6.69%	0.27%
American Indian/ Alaskan Native	4	2	50.00%	0.34%	19	0.14%	0.20%
Multiracial	170	22	12.94%	3.74%	532	3.92%	-0.18%
<b>Total</b>	<b>4,581</b>	<b>589</b>	<b>12.86%</b>	<b>100.00%</b>	<b>13,579</b>	<b>100.00%</b>	

**Provide additional information about this indicator (optional)**

Responses were received from all twenty one (21) counties in New Jersey. Survey responses were received from 589 families, representing a 12.86% return rate (589/4,581). The targets were met for 4A, 4B or 4C. Specifically:

- Performance increased 12.56% in 4A from 66.22% in FFY 2015 to 78.78% in FFY 2016.
- Performance increased 12.70% in 4B from 62.85% in FFY 2015 to 75.55% in FFY 2016.
- Performance increased 6.67% in 4C from 82.29% in FFY 2015 to 88.96% in FFY 2016.

The following chart represents the performance by race/ethnicity groups:

**SFY 2017 Percent of Respondents Meeting or Exceeding each of the Standards for Indicator #4 by Race/Ethnicity**

Race/Ethnicity	Indicator 4A Percent of families who report that Early Intervention services helped them know their rights	Indicator 4B Percent of families who report that Early Intervention services helped them effectively communicate their children's needs	Indicator 4C Percent of families who report that Early Intervention services helped them help their child develop and learn
STATE PERFORMANCE	78.78%	75.55%	88.96%
STATE TARGETS	73.09%	68.34%	84.05%
African American/Not Hispanic (N=44)	72.73%	70.45%	86.36%
American Indian/ Alaskan Native (N=2)	100.00%	100.00%	100.00%
Asian (N=41)	90.24%	90.24%	95.12%
Hispanic (N=199)	76.38%	73.37%	87.44%
Multiracial (N=22)	77.27%	77.27%	81.82%
Native Hawaiian or Other Pacific Islander (N=0)	N/A	N/A	N/A
White/Not Hispanic (N=281)	79.72%	75.44%	90.04%

**Actions required in FFY 2015 response**

none

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

**OSEP Response**

**Required Actions**

# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

## Indicator 5: Child Find (Birth to One)

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)

### Historical Data

Baseline Data: 2012

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			0.62%	0.62%	0.72%	0.82%	0.72%	0.72%	0.75%	0.65%	0.65%
Data		0.56%	0.63%	0.65%	0.57%	0.67%	0.64%	0.63%	0.62%	0.65%	0.70%

FFY	2015
Target ≥	0.65%
Data	0.75%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

### FFY 2016 - FFY 2018 Targets

FFY	2016	2017	2018
Target ≥	0.66%	0.66%	0.67%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

### Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	<a href="#">Number of infants and toddlers birth to 1 with IFSPs</a>	902	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016	6/22/2017	<a href="#">Population of infants and toddlers birth to 1</a>	102,267	null
TBD			null	

### FFY 2016 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
902	102,267	0.75%	0.66%	0.88%

### Compare your results to the national data

When compared with FFY 2015, the New Jersey state percentage of children birth to one year of 0.88 (902/102,267) increased by 0.13% (0.75%-0.88%).

The national percentage of 1.24% (49,294/3,970,145) increased by 0.04% (1.20%-1.24%).

Although NJ has not matched the national percentage, our increase rate is 3.25% higher than the national rate of increase.

### Provide additional information about this indicator (optional)

FFY 2016 status of 0.88% is 0.13% higher than the FFY 2015 performance and also met the target of 0.66% as recommended by stakeholders for this reporting period.

In FFY 2016, 57.14% (12/21), twelve of the twenty-one NJEIS counties met or exceeded the target of 0.66%.

The total number of referrals of children, birth to age one year, received from July 1, 2016 through June 30, 2017, decreased by -0.70 (4,693 to 4,660) than the number received from July 1, 2015 through June 30, 2016.

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**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

The number of referrals from July 1, 2015 through June 30, 2016 (4,660) examined by age and eligibility outcome indicates that:

- In 2016, there were 4,693 referrals to early intervention out of 103,127 live births in 2015 as per the Centers for Disease Control and Prevention National Center for Health Statistics website (most current data as of December 2017). This percentage is 4.55% (4,693/103,127), which is a 0.09% increase from the previous year's comparison.
- The ineligibility rate for children referred birth to age one was 30.1% in FFY 2016 and 28.3% in FFY 2015. This is a 1.8% increase in the amount of ineligible children aged 0-1.
- In FFY 2016 there was an increase in the overall referral growth rate of 6.29% in children aged 0-3 however a decrease of -0.70% in children aged 0-1.

The chart below summarizes the five year trend in referrals and ineligibility rates:

Unduplicated Age at Referrals															
Age	FFY 2012 Referrals	FFY 2013 Referrals	FFY 2014 Referrals	FFY 2015 Referrals	FFY 2016 Referrals	FFY 2012 % Growth	FFY 2013 % Growth	FFY 2014 % Growth	FFY 2015 % Growth	FFY 2016 % Growth	FFY 2012 Inelig	FFY 2013 Inelig	FFY 2014 Inelig	FFY 2015 Inelig	FFY 2016 Inelig
0 – 1	3673	3843	4608	4693	4660	9.67%	4.63%	19.91%	1.84%	-0.70%	34.0%	32.3%	27.7%	28.3%	30.1%
1 – 2	7434	7863	8409	8688	9524	12.35%	5.77%	6.94%	3.32%	9.62%	22.6%	22.3%	19.7%	18.6%	18.7%
2 – 3	6579	7005	7476	7719	8243	14.98%	6.48%	6.72%	3.25%	6.79%	31.5%	26.2%	23.3%	23.0%	23.5%
Total	17,686	18,711	20,493	21,100	22,427	12.74%	5.80%	9.52%	2.96%	6.29%	28.3%	25.8%	22.8%	22.4%	22.8%

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 6: Child Find (Birth to Three)**

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)

**Historical Data**

Baseline Data: 2012

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			2.31%	2.31%	2.55%	2.70%	2.87%	3.14%	3.14%	3.38%	3.38%
Data		2.53%	2.80%	2.84%	2.93%	3.14%	3.31%	3.35%	3.22%	3.38%	3.61%

FFY	2015
Target ≥	3.40%
Data	3.98%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target ≥	3.42%	3.43%	3.45%

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement



## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

### Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Child Count/Educational Environment Data Groups	7/12/2017	<a href="#">Number of infants and toddlers birth to 3 with IFSPs</a>	13,579	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2016	6/22/2017	<a href="#">Population of infants and toddlers birth to 3</a>	310,284	
TBD			null	

### FFY 2016 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
13,579	310,284	3.98%	3.42%	4.38%

### Compare your results to the national data

For FFY 2016, New Jersey served 4.38% (13,579/310,284) of infants and toddlers, birth to three, with IFSPs, compared to the national average of 3.12% (372,896/11,957,307).

When compared to FFY 2015, the percentage of infants, birth to three, with IFSPs in New Jersey increased by 0.40% (4.38%-3.98%) while the national percentage increased 0.12% (3.12%-3.00%).

New Jersey's birth to three rate of increase is 3.33% higher than the national rate of increase.

### Provide additional information about this indicator (optional)

New Jersey met the target of 3.42% as set by stakeholders for this reporting period.

The total number of referrals for children aged birth to three, received July 1, 2016 through June 30, 2017 increased by 1,327 children, which is a 6.29% increase (22,427-21,100).

Eighteen out of twenty one counties (85.71%) of NJEIS counties met or exceeded the target of 3.42%.

### Actions required in FFY 2015 response

none

### OSEP Response

### Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 7: 45-day timeline**

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)

**Historical Data**

Baseline Data: 2012

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		86.20%	95.80%	92.77%	91.59%	97.89%	97.92%	99.11%	98.21%	98.85%	96.26%

FFY	2015
Target	100%
Data	98.61%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target	100%	100%	100%

**FFY 2016 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
373	411	98.61%	100%	99.76%

<p><b>Number of documented delays attributable to exceptional family circumstances</b>  <i>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.</i></p>	37
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**What is the source of the data provided for this indicator?**

- State monitoring
- State database

**Describe the method used to select EIS programs for monitoring.**

**Sampling Plan**

Data reported for this indicator are from the NJEIS state data system and reflect actual days from the date of referral to the date of the initial IFSP meeting for every eligible child for whom an initial IFSP meeting was required to be conducted.

NJEIS uses a simple random sampling plan without replacement, and a 95% confidence level and +/-5 confidence interval, ensures that child records were chosen appropriately and represent the state population.

**Data Desk Audit, Inquiry and Record Review**

Monitoring begins with a data desk audit based on a simple random sample without replacement of three months of FFY 2016 data (August, September and October 2016). This included inquiry where the monitoring team conducted a drill down to obtain child specific information, reasons for delays and verification of an initial IFSP meeting, although late.

The inquiry required the Service Coordination Units and EIP Targeted Evaluation Teams (TETs) to submit copies of child progress notes, and service encounter verification logs as verification of the data in the state wide database and claims submission.

The Lead Agency monitoring team used all the information received and reviewed service claim data to determine where in the process the delay occurred and who was responsible.

**Provide additional information about this indicator (optional)**

**Data Analysis and Results**

Of the 3,914 children for whom an initial IFSP meeting was required to be conducted during the three months of inquiry, data from a random selection of 411 children were monitored. Of the 411 children, 410 of the IFSPs

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**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**  
 were in compliance with the 45 calendar day requirement, including 37 initial IFSP meetings that were delayed because of family reasons.

The 37 family-initiated reasons for delay were included in the calculations and documented in service coordination notes and the NJEIS data system. Family reasons include child illness or hospitalization, family response time, missed scheduled appointments and family requested delays related to the parent's schedule.

**Indicator 7 Data**

Total IFSPs for Quarter of Data: August-October 2016	Children 3914
Sample of the Quarter (Denominator)	411
Preliminary Timely Initial IFSPs (Dirty Data without Desk Inquiry)	373
Preliminary Untimely Initial IFSPs (Dirty Data without Desk Inquiry) Desk Inquiry Verification of Family Reason & Extreme weather	38
Desk Inquiry Verification of Family Reason for delay & Extreme weather	37
Desk Inquiry Verification of Untimely IFSPs	1
Verified Corrected Numerator (Timely + Family Reasons + Extreme weather + corrected Timely)	373 + 37= 410
State Compliance Percentage	410/411= 99.76%

- The one (1) initial IFSP meeting delayed for a systems reason was due to the Service Coordination Unit (SCU) (0.24% of all Initial IFSPs sampled).
- No finding was issued to the SCU as NJEIS verified correction according to both prongs.
- NJEIS reviewed documentation to verify that the child who was delayed for a system reason received their initial IFSP meeting although late as depicted in the chart below:

**Indicator 7 Data**

Untimely Initial IFSPs: # of Days Delayed	<b>Children</b>
1 to 4 Days Delayed	1
Over 4 Days Delayed	0
Total Delayed	1

As a result of the additional inquiry, and the verification of both prongs as per OSEP 09-02, no Corrective Action Plan (CAP) or monthly reports were required of the SCU.

**Indicator 7**

<b>Agencies</b>	<b>Findings</b>
Service Coordination Units (SCUs)	0
Targeted Evaluation Team (TETs)	0
Regional Early Intervention Collaborative (REICs)	0
Total Findings for FFY 2016	0
Number of Findings Closed As of 2/1/18	N/A
Number of Findings Not Verified as of 2/1/18	N/A

**Actions required in FFY 2015 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2015**

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 2015 Findings of Noncompliance Verified as Corrected**

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

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

NJEIS has accounted for all instances of non-compliance identified through the NJEIS state database, desk audit/inquiry, record review and, in some instances, on-site data verification. In addition, monthly updated data is used to track and verify correction of all non-compliance. Activities for documentation and verification of the correction include updated data from the state database; faxed copies of progress notes and IFSPs from child records, verification of claims and service authorization data, and, in some cases, on-site visits to verify child records.

NJEIS:

- Identified the responsible agencies, the percentage of noncompliance in each county and determined reasons for delay (root causes).
- Determined if any policies, procedures and/or practices contributed to the reasons for delays. If yes, the corrective action plan required the agency to establish and/or revise appropriate policies, procedures and/or practices (Prong 2).
- Ensured that each agency with identified noncompliance is correctly implementing the specific regulatory requirements based on a monthly review and verification of timely initial IFSP meeting events. These monthly reviews continued until the agency is operating at 100% compliance for this indicator at which point the finding is closed (Prong 2).

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

The process NJEIS used to verify correction was comprehensive with data drill down to the child specific level. In addition, monthly updated data was used to track and verify correction of all non-compliance. Activities for documentation and verification of the correction include updated data from database; faxed copies of progress notes and IFSPs from child records; verification of claims and service authorization data; and in some cases on-site visits to verify child records.

NJEIS accounted for all instances of non-compliance identified through the NJEIS database, desk inquiry, and record review and, in some instances, on-site data verification. The DOH confirmed that an initial IFSP meeting was held, although late for any child whose initial IFSP meeting did not occur in a timely manner, unless the child was no longer in the jurisdiction of NJEIS as verified by the monitoring team through claims data, service encounter verification sign-off logs, IFSP team pages and progress notes (Prong 1).

### OSEP Response

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02.

In the FFY 2017 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

### Required Actions

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**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8A: Early Childhood Transition**

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 State educational agency (SEA) and the local educational agency (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)

**Historical Data**

Baseline Data: 2011

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		95.20%	96.50%	99.20%	99.70%	100%	99.65%	98.10%	100%	100%	100%

FFY	2015
Target	100%
Data	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target	100%	100%	100%

**FFY 2016 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

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
343	343	100%	100%	100%

Number of documented delays attributable to exceptional family circumstances <i>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.</i>	0
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**What is the source of the data provided for this indicator?**

- State monitoring
- State database

**Describe the method used to select EIS programs for monitoring.**

**Sampling Plan**

Data were reported for all twenty-one counties.

Data reported for 8A were collected through the annual desk audit record review process. Data reported on the desk audit is verified against what is in the child's record (e.g., NJEIS IFSP Review Transition Information Page).

The data desk audit was conducted on one quarter of FFY 16 for the months of February, March and April 2017 and identified 2,628 children that turned age three.

Sampling methodology was implemented to ensure that the NJEIS population is appropriately represented based on the population size of the state. Therefore, a simple random sampling plan without replacement with a 95% confidence level and +/- 5 confidence interval ensures that child records chosen appropriately represent the state population.

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

Of the 2,628 children who exited the program, a random selection of the 343 children were monitored.

**Data Desk Audit, Inquiry and Record Review**

The monitoring team first confirmed the child's date of birth was accurate in the NJEIS state database. Based on the child's date of birth, an inquiry was prepared for the county to identify possible non-compliance.

The monitoring team implemented inquiry which drilled down to obtain child specific information, reasons for delays and verification of transition steps, although late. The Service Coordination Units were required to submit copies of child progress notes, IFSPs and service encounter verification logs. The monitoring team used all the information received to determine where in the process the delay occurred and who was responsible.

**Provide additional information about this indicator (optional)**

**Data Analysis and Results**

Indicator 8A Data	Children
Total of Children who turned 3 for Quarter of Data: February, March and April 2017	2,628
Sample of the Quarter (Denominator)	343
Developed IFSP Transition Steps and Services >= 90 days to <= 9 months prior to the third birthday	343
State Compliance Percentage	343/343=100%

NJEIS achieved 100% compliance on 343/343 records.  
 NJEIS had continued 100% compliance on this indicator in FFY 12, FFY 13, FFY 14, FFY 15 and FFY 16.

**Actions required in FFY 2015 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2015**

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

**OSEP Response**

**Required Actions**

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8B: Early Childhood Transition**

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 State educational agency (SEA) and the local educational agency (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)

**Historical Data**

Baseline Data: 2012

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		98.90%	98.40%	98.74%	99.70%	100%	99.19%	91.14%	90.24%	92.40%	95.74%

FFY	2015
Target	100%
Data	96.84%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target	100%	100%	100%

**FFY 2016 SPP/APR Data**

Data include notification to both the SEA and LEA

- Yes
- No

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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
288	343	96.84%	100%	97.30%

Number of parents who opted out <i>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.</i>	47
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**Describe the method used to collect these data**

**Sampling Plan**

Data were reported for all twenty-one counties.

Data reported for 8B LEA notification monitoring were collected through the annual desk audit record review process. Data reported on the desk audit is verified against what was in the child's record (e.g., NJEIS IFSP Review Transition Information Page, progress notes, opt out letters and notification/identification letters).

A data desk audit was conducted on one quarter of FFY16 for the months of February, March and April 2017 that identified 2,628 children that turned age three.

The NJEIS implemented a sampling methodology for monitoring notification to the LEA to ensure that the NJEIS population is

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

appropriately represented based on the population size of the state. Therefore, a simple random sampling plan without replacement with a 95% confidence level and +/- 5 confidence interval ensures that child records were appropriately represented.

Of the 2,628 children, a random selection of 343 children was monitored.

Of the 343 children, thirty-seven (47) families opted out of SEA/LEA notification.

**Data Desk Audit, Inquiry and Record Review**

The LEA notification is the responsibility of service coordination units. The Lead Agency submits the notification to the SEA.

The monitoring team first confirmed the child's date of birth was accurate in the NJEIS database. Based on the child's date of birth, an inquiry was prepared and forwarded to the appropriate county to address possible non-compliance.

The monitoring team implemented inquiry which drilled down to obtain child specific information, reasons for delays and verification of transition notice, although late. The Service Coordination Units were required to submit copies of child progress notes, IFSPs, service encounter verification logs, signed opt out forms and LEA notification letters. The monitoring team used all the information received to determine where in the process the delay occurred and who was responsible.

**Do you have a written opt-out policy? Yes**

**Is the policy on file with the Department? Yes**

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

- State monitoring
- State database

**Describe the method used to select EIS programs for monitoring.**

Data is selected from all twenty-one counties.

A data desk audit was conducted on one quarter of FFY 16 for the months of February, March and April 2017 that identified 2,628 children that turned age three representing all twenty-one counties.

The NJEIS implemented a sampling methodology for monitoring notification to the LEA to ensure that the NJEIS population is appropriately represented based on the population size of the state. Therefore, a simple random sampling plan without replacement with a 95% confidence level and +/- confidence interval ensures that child records were appropriately represented.

**Provide additional information about this indicator (optional)**

Data Analysis and Results

**Indicator 8B Data**

Total of Children who turned 3 for Quarter of Data: February, March and April 2017

**Children**

2,628

Sample of the Quarter (Denominator)

343

Notified the SEA at least 90 days prior to third birthday

296

Notified to the LEA at least 90 days prior to third birthday

288

Opt Out

47

Untimely Notification

8

Potentially Eligible - Opt Out

343-47= 296

State Compliance Percentage

288/296=97.30%

The DOH sent 100% (296/296) of notifications that were required (consistent with any opt-out policy adopted by the state) directly to the SEA at least 90 days prior to toddlers with disabilities turning three (in February, March and April 2017).

NJEIS achieved 97.30% compliance based on 288/296 records of notifications that were required sent (consistent with any opt-out policy adopted by the state) to the LEA at least 90 days prior to toddlers with disabilities turning three (in February, March and April 2017).

The eight (8) children who did not have timely notification:

- were from from the following five (5) counties: Hunterdon, Middlesex, Monmouth, Ocean, and Union SCUs;
- all had difficulties generating notifications due to late referrals between 5-85 days before turning three and did not have an opt out designation;
- all eight (8) children were no longer in the jurisdiction of NJEIS (prong 1) at the time of the inquiry;
- NJEIS ensured that each agency was correctly implementing the specific regulatory requirements (prong 2) and that each child received notification unless the child was no longer in the jurisdiction of NJEIS (prong 1)

NJEIS increased compliance by 0.46% on this indicator moving from 96.84% reported for FFY 2015 to 97.30% for FFY 2016.

**Findings Issued:**

As a result of the additional inquiry, five (5) findings were issued and the agencies were required to develop/revise procedures in regard to children who enter NJEIS less than 90 days but before 45 days prior to their third birthday. The findings were closed once revised procedures were approved by the lead agency and data verified 100% compliance as per OSEP 09-02:



**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

**Indicator 8B**

Agencies	Findings	Agency Name(s)	Date of Finding
Service Coordination Units (SCUs)	5	Hunterdon, Middlesex, Monmouth, Ocean and Union SCUs	June 23, 2017
Total Findings for FFY 2016	5		
Number of Findings Closed As of 2/1/18	5		
Number of Findings Not Verified as of 2/1/18	0		

As of December 2017, all five (5) findings have verified 100% compliance and therefore have been closed.

**Actions required in FFY 2015 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2015**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

**FFY 2015 Findings of Noncompliance Verified as Corrected**

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

Based on FFY 2015 data, two (2) agencies were found to have noncompliance for 8B. The two agencies were each given a finding issued on June 30, 2016. These agencies developed Correction Action Plans (CAPs) and NJEIS reviewed monthly data, tracked and verified correction of the noncompliance. Two of the two agencies corrected within one year of the finding.

NJEIS has accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, and record review and, in some instances, on-site data verification. In addition, monthly updated data was used to track and verify correction of all non-compliance. Activities for documentation and verification of the correction include updated data from the database; faxed copies of progress notes and IFSPs from child records; verification of claims and service authorization data; and, in some cases, on-site visits to verify child records.

NJEIS:

- Identified the responsible agencies, their percentage of noncompliance in each county and determined reasons for delay (root causes).
- Determined if any policies, procedures and/or practices contributed to the reasons for delays. If yes, the corrective action plan required the agency to establish and/or revise appropriate policies, procedures and/or practices (Prong 2).
- Ensured that each agency with identified noncompliance was correctly implementing the specific regulatory requirements based on a monthly review and verification of timely transition notification events. These monthly reviews continued until the agency was operating at 100% compliance for this indicator at which point the finding was closed (Prong 2). Based on FFY 2015 data, two (2) findings were issued on June 30, 2016 based on FFY 2015 non-compliance. These agencies developed Corrective Action Plans (CAPs) and NJEIS reviewed monthly data, tracked and verified correction of the non-compliance. All of the findings were closed timely between July 1, 2016 and June 29, 2017 after correction of both prongs was verified in accordance with federal requirements.

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

The process NJEIS used to verify correction was comprehensive with data drill down to the child specific level. In addition, monthly updated data was used to track and verify correction of all noncompliance. Activities for documentation and verification of the correction include updated data from the database; faxed copies of progress notes and IFSPs from child records; verification of claims and service authorization data; and, in some cases, on-site visits to verify child records.

NJEIS has accounted for all instances of non-compliance identified through the NJEIS database, desk inquiry, and record review and, in some instances, on-site data verification. The DOH confirmed that notification to the SEA and the LEA where the toddler resides, consistent with the NJEIS opt-out policy, was provided at least 90 days prior to the toddlers third birthday for toddler potentially eligible for Part B preschool services. For any child whose notification did not occur in a timely manner, notification was provided unless the child was no longer in the jurisdiction of NJEIS as verified by the monitoring team through claims data, service encounter verification sign-off, IFSP team pages and progress notes (Prong 1).

**OSEP Response**

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02.

In the FFY 2017 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

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**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8C: Early Childhood Transition**

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 State educational agency (SEA) and the local educational agency (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)

**Historical Data**

Baseline Data: 2013

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		96.00%	95.20%	95.00%	92.70%	90.48%	90.94%	96.18%	95.88%	93.38%	95.94%

FFY	2015
Target	100%
Data	99.27%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target	100%	100%	100%

**FFY 2016 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

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least 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 2015 Data*	FFY 2016 Target*	FFY 2016 Data
266	343	99.27%	100%	99.66%

<b>Number of toddlers for whom the parent did not provide approval for the transition conference</b> <i>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.</i>	52
<b>Number of documented delays attributable to exceptional family circumstances</b> <i>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 at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.</i>	24

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

- State monitoring
- State database

**Describe the method used to select EIS programs for monitoring.**

**Sampling Plan**

Data were reported for all twenty-one counties.

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

Data reported for 8C Transition Planning Conference (TPC) monitoring was collected through the annual desk audit record review process. Data reported on the desk audit is verified against what is in the child's record (e.g. NJEIS IFSP Review Transition Information and Team pages, progress notes, service encounter verifications; service authorizations and TPC invitation letter/emails).

A data desk audit was conducted on one quarter of FFY 2016 for the months of February, March and April 2017 that identified 2,628 children that turned age three.

Sampling methodology was implemented to ensure that the NJEIS population is appropriately represented based on the population size of the state. Therefore, a simple random sampling plan without replacement with a 95% confidence level and +/-5 confidence interval ensures that child records were appropriately represented.

Of the 2,628 children, a random selection of 343 children were monitored. Of the 343 children, 52 families declined the TPC, reducing the total number of records monitored to 291 children.

**Data Desk Audit, Inquiry and Record Review**

The NJEIS used two sources of data from the database: (1) date of the TPC obtained from the team page signed by the parent; and (2) date of the TPC recorded from the service coordinator verification log. The monitoring team confirmed this data through desk audit analysis using the state database. Based on these dates, and the child's date of birth, an inquiry was prepared and forwarded to the appropriate county to review possible noncompliance.

The monitoring team conducted a drill down to obtain child specific information, reasons for delays and verification of a transition planning conference, although late. The Service Coordination Units were required to submit copies of child progress notes, TPC and LEA notification letters, IFSPs, and service encounter verification logs. The monitoring team used all the information received and reviewed service claim data to determine where in the process the delay occurred and who was responsible.

**Provide additional information about this indicator (optional)**

**Data Analysis and Results**

**Indicator 8C Data**

	<b>Children</b>
Total of Children who turned 3 for Quarter of Data: February, March and April 2017	2,628
Sample of the Quarter (Denominator)	343
Families who declined a TPC	52
Initial Timely TPCs (Dirty Data without Desk Inquiry)	266
Initial Untimely TPCs (Dirty Data without Desk Inquiry)	25
Desk Inquiry Verification of Family Reason for delay or on time	24
Desk Inquiry Verification of Untimely TPC	1
Final Numerator (Timely + Family Reasons + corrected Timely)	266 + 24 = 290
Final Denominator (Sample of the Quarter - Family Declines)	343 - 52 = 291
State Compliance Percentage	290/291= 99.66%

99.66% (290/291) of all children exiting Part C received timely transition planning to support their transition to preschool and other appropriate community services by their third birthday including a transition conference within the required timeline.

The numerator and denominator does not include the 52 families who did not provide approval to conduct a transition planning conference.

Of the 291 children, 266 were timely, 24 were delayed due to family reasons and 1 untimely due to NJEIS.

There was one child whose TPC was delayed four (4) days for systems reasons. NJEIS ensured that the agency was correctly implementing the specific regulatory requirements (prong 2). The child exited the system prior to receiving a TPC (prong 1).

**Indicator 8C Data**

<b>Untimely Transition # of Days Delayed</b>	<b>Children</b>
1 to 4 Days Delayed	1
Over 4 Days Delayed	0
Total Delayed	1

The 24 family-initiated reasons were included in the calculations and documented in service coordinator notes. Family reasons included family vacations, child illness or hospitalization, family response time, family not keeping scheduled appointments and family requested delays.

NJEIS performance for this indicator increased by 0.39% from 99.27% in FFY 2015 to 99.66% in FFY 2016.

**Findings Issued:**

As a result of the inquiry, one (1) finding was issued to Ocean SCU and the agency was required to develop/revise procedures and provide updated data until 100% compliance is verified as per OSEP 09-02.

**Indicator 8C**

<b>Agencies</b>	<b>Findings</b>	<b>Agency Name(s)</b>	<b>Date of Finding</b>
Service Coordination Units (SCUs)	1	Ocean SCU	June 23, 2017
Total Findings for FFY 2016	1		
Number of Findings Closed As of 2/1/18	0		
Number of Findings Not Verified as of 2/1/18	1		

**Correction of FFY 2016 (July 1, 2016-June 30, 2017) non-compliance**

As a result of the additional inquiry, one (1) finding was issued to Ocean SCU on June 23, 2017. The agency has until June 22, 2018 to correct the finding. Therefore, the finding remains open and the agency continues to be monitored until compliance is verified as per OSEP 09-02.

**Correction of FFY 2015 (July 1, 2015-June 30, 2016) non-compliance**

In FFY 2015 (July 1, 2015-June 30, 2016) 8C performance was 99.27%. There were 2 children whose TPCs were delayed for systems reasons. Middlesex and Somerset SCU had non-compliance for one child each. NJEIS ensured that each agency was correctly implementing the specific regulatory requirements (prong 2). Both children exited the system prior to receiving a TPC (prong 1). Therefore, correction of non-compliance was verified according to OSEP 09-02 prior to issuing findings. There were no findings issued in FFY 2015.

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

### Correction of Findings of Noncompliance Identified in FFY 2015

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

### OSEP Response

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02.

In the FFY 2017 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

### Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 9: Resolution Sessions**

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 under section 615 of the IDEA are adopted).

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

**Historical Data**

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data											NA

FFY	2015
Target ≥	
Data	

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target ≥			

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/1/2017	<a href="#">3.1(a) Number resolution sessions resolved through settlement agreements</a>	n	null
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/1/2017	<a href="#">3.1 Number of resolution sessions</a>	n	null

**FFY 2016 SPP/APR Data**

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
0	0			0%

**Actions required in FFY 2015 response**

none

**OSEP Response**

This indicator is not applicable for the State.

**Required Actions**



**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 10: Mediation**

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)

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data		100%	100%	100%	100%	50.00%	50.00%	0%	100%		

FFY	2015
Target ≥	
Data	100%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

FFY	2016	2017	2018
Target ≥			

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	<a href="#">2.1.a.i Mediations agreements related to due process complaints</a>	n	null
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	<a href="#">2.1.b.i Mediations agreements not related to due process complaints</a>	n	null
SY 2016-17 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/1/2017	<a href="#">2.1 Mediations held</a>	n	null

**FFY 2016 SPP/APR Data**

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2015 Data*	FFY 2016 Target*	FFY 2016 Data
0	1	1	100%		100%

**Provide additional information about this indicator (optional)**

Targets were not set for this indicator because the total number of mediations received in 2016-2017 was one (1).



**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

**Actions required in FFY 2015 response**

none

**OSEP Response**

The State reported fewer than ten mediations held in FFY 2016. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

**Required Actions**

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 11: State Systemic Improvement Plan**

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

**Reported Data**

Baseline Data: 2013

FFY	2013	2014	2015	2016
Target		38.15%	39.85%	41.55%
Data	38.15%	39.87%		

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  
Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target	43.25%	45.00%

Key:

**Description of Measure**

The State Identified Measureable Result (SIMR) is to substantially increase the rate of children's growth in their development of positive social emotional skills by the time they exit the program as defined by Indicator 3A Summary Statement 1.

The NJEIS uses the Battelle Developmental Inventory 2nd edition (BDI) to report child outcomes in Indicator 3. Each referred child is evaluated using the BDI. For each eligible child, the BDI serves as their baseline measurement for child outcome reporting and upon exit from the program children are evaluated again using the BDI. This provides a pre-post measure for determining the child's progress category for each child in each of the three child outcome measures. Children must participate in the NJEIS for at least six (6) months for their data to be included in the Indicator 3 report.

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**Overview**

see attached SSIP

**Data Analysis**

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

See Complete SSIP as attached.

**Analysis of State Infrastructure to Support Improvement and Build Capacity**

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

See Complete SSIP as attached.

### State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

#### Statement

The SIMR for NJEIS is:

The New Jersey Early Intervention System will substantially increase the rate of children's growth in their development of positive social emotional skills by the time they exit the program, as defined by the targets established for Indicator 3A, Summary Statement 1 in each of the years FFY 201-FFY2018.

See Complete SSIP as attached.

#### Description

See Complete SSIP as attached.

### Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

See Complete SSIP as attached.

### Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

[NJ Part C Theory of Action](#) NJ Part C Theory of Action

 Provide a description of the provided graphic illustration (optional)

### Infrastructure Development

- Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

See complete SSIP as attached.

### Support for EIS programs and providers Implementation of Evidence-Based Practices

- Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
- Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
- Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

See complete SSIP as attached

### Evaluation

- Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
- Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

See complete SSIP as attached

### Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

See complete SSIP as attached

### Phase III submissions should include:

- Data-based justifications for any changes in implementation activities.
- Data to support that the State is on the right path, if no adjustments are being proposed.
- Descriptions of how stakeholders have been involved, including in decision-making.

### A. Summary of Phase 3

- Theory of action or logic model for the SSIP, including the SiMR.
- The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.
- The specific evidence-based practices that have been implemented to date.
- Brief overview of the year's evaluation activities, measures, and outcomes.
- Highlights of changes to implementation and improvement strategies.

See Complete SSIP as attached

### B. Progress in Implementing the SSIP

- Description of the State's SSIP implementation progress: (a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.
- Stakeholder involvement in SSIP implementation: (a) How stakeholders have been informed of the ongoing implementation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

See Complete SSIP as attached

### C. Data on Implementation and Outcomes

- How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements
- How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SiMR)—rationale or justification for the changes or how data support that the SSIP is on the right path
- Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

See Complete SSIP as attached

### D. Data Quality Issues: Data limitations that affected reports of progress in implementing the SSIP and achieving the SIMR

- Concern or limitations related to the quality or quantity of the data used to report progress or results
- Implications for assessing progress or results
- Plans for improving data quality

See Complete SSIP as attached

### E. Progress Toward Achieving Intended Improvements

- Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up
- Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects
- Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SiMR
- Measurable improvements in the SiMR in relation to targets

See Complete SSIP as attached

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

### F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline
2. Planned evaluation activities including data collection, measures, and expected outcomes
3. Anticipated barriers and steps to address those barriers
4. The State describes any needs for additional support and/or technical assistance

See Complete SSIP as attached

### OSEP Response

### Required Actions

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Certify and Submit your SPP/APR**

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.

**Selected:** Designated by the Lead Agency Director to certify

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: Terry Harrison

Title: Part C Coordinator

Email: terry.harrison@doh.nj.gov

Phone: 609-777-7734