

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

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

**For reporting on  
FFY18**

**New Jersey**



**PART C DUE February 3, 2020**

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

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

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 3, 2020 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. (2019-11-04) 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 8,936,574 according to the June 5th 2019, estimate by the U.S. Census Bureau, which equates to a rise of 4.5% since the last nationwide census completed in 2010. New Jersey's estimated population shows a growth rate of 0.41% and ranks 37th in the country. New Jersey is the 11th most populous state in the country despite being ranked 47th in terms of total land mass. 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 2018 was \$81,740. The median family income for families with children was \$103,429. The 2018 U.S. Census estimates include 303,157 children under three years of age in New Jersey. The US Census Bureau reported for 2018 that 13.7% of New Jersey's children were below the federal poverty level and 17.3% 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 and 31.7% of New Jersey's population aged 5 and older speak 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 NJEIS has a referral System Point of Entry (SPOE) for children and families through four Regional Early Intervention Collaboratives (REICs) that cover the state's twenty-one (21) counties. Grant/Contracts to the REICs and thirteen (13) Service Coordination Units (SCUs) that provide ongoing service coordination for the twenty-one counties are executed annually. Direct early intervention services are provided by fifty (50) 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 in 2019 (FFY 2017 data). The previous Determination for NJ (FFY 2016) was "Meets Requirements". 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) to identify root causes for the slippage in performance related to the Results portion of the Determination Matrix. 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. In FFY 2017, NJEIS was primarily focused on the implementation of a comprehensive Case Management and Billing Data System and finalizing that transition which began the previous year. A major undertaking was the development and execution of new training on fidelity to the Battelle Developmental Inventory (BDI) which is the cornerstone for much of the data collected and used by the NJEIS. Further TA was sought by NJEIS on methods to incorporating evidence based practices to enhance child outcome performance. NJEIS will continue to access technical assistance in from ECTA, DaSy and other OSEP funded TA centers for specific projects and identified areas of need, and will continue to utilize these centers as necessary.

#### 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 and as of December 1, 2017, the Early Intervention Management System (EIMS) database. The purpose of the data desk audit is to: (1) ensure data in the databases 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 EIMS database is an electronic central data systems 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 Tracks required findings.

Data desk audits review compliance and performance data for selected priority indicators for all counties/provider agencies. An inquiry response 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. In addition, on-site 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.

On-site fiscal monitoring consists of observations of families' annual Family Information Meeting (FIM) meeting. With parent consent, NJEIS staff are monitored on the accuracy and completeness of the explanation of the system of payments and informed consent and the collection and analysis of family income documentation to determine the family's ability to pay or not to pay.

#### 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 prior to beginning work with children and families.

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.

### **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 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.

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 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 to the direct service practitioner without needing the intermediary of the agency administrator. Additionally, the new EIMS database provides methods of electronically communicating to each NJEIS practitioner directly.

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.

#### Procedural Safeguards Modules

NJEIS implemented six modules on procedural safeguards and effective July 1, 2014, NJEIS requires successful 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.

#### 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 (EIP) 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 (CMO) and verified by the CMO vendor. Agency requirements include proof of agency and practitioner liability insurance, certification statement for submitting claims for services, 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.

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

#### Stakeholder Involvement:

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

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 2018 SPP/APR was developed with broad stakeholder input obtained at a January 7, 2020 Part C Steering Committee meeting. This included review of data for fiscal year 2018 (July 1, 2018 - June 30, 2019) and setting targets for FFY 2019. 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 2014-2019. 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 24, 2020 SICC meeting at which time the SICC certified the FFY 2018 SPP/APR as their annual report.

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

YES

#### Reporting to the Public:

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

The 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 2018 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. Existing County Performance Reports and Part C Determinations are located at: <https://www.nj.gov/health/fhs/eis/public-reporting/>

#### Intro - Prior FFY Required Actions

None

#### Response to actions required in FFY 2017 SPP/APR

#### Intro - OSEP Response

States were instructed to submit Phase III, Year Four, of the State Systemic Improvement Plan (SSIP), indicator C-11, by April 1, 2020. The State provided the required information. The State provided a target for FFY 2019 for this indicator, and OSEP accepts the target.

#### Intro - Required Actions

In the FFY 2019 SPP/APR, the State must report FFY 2019 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 in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year Five; (2) measures and outcomes that were

implemented and achieved since the State's last SSIP submission (i.e., April 1, 2020); (3) a summary of the SSIP's coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short-term and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities is impacting the State's capacity to improve its SiMR data.

OSEP notes that one or more of the attachments included in the State's FFY 2018 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

The State's IDEA Part C determination for both 2019 and 2020 is Needs Assistance. In the State's 2020 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2019 SPP/APR submission, due February 1, 2021, 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.

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

### Data Source

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

### Measurement

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

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

### Instructions

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

Targets must be 100%.

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

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

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

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

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

## 1 - Indicator Data

### Historical Data

Baseline	2013	94.58%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	94.58%	95.12%	93.13%	94.61%	97.56%

### Targets

FFY	2018	2019
Target	100%	100%

### FFY 2018 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
162	182	97.56%	100%	94.51%	Did Not Meet Target	Slippage

### Provide reasons for slippage, if applicable

Some of the reasons for the slippage include:

- No Service Coordination (SC) coverage to address assignment questions when SC staff were on vacation.
- Lack of detailed documentation by practitioners regarding scheduling within the child's record.
- Early Intervention Program (EIP) agreeing to provide services despite no available staff to provide the service within 30 days.
- Provider's inability to meet a family's limited schedule availability.
- An increase need for physical therapy along with a lack of providers in specific counties.

Although the FFY 2018 cohort B data shows a slippage of 3.05% compared to the FFY 2017 cohort A data, when the same FFY 2018 cohort B group is

compared to the FFY 2016 cohort B group, there was only a 0.10% slippage. As part of the NJ Indicator #1 sampling plan, the state is divided into 2 different cohort of counties that are monitored in alternating years. With the reissued clarification of threshold of slippage, NJ would not have met the threshold to be considered slippage for a large percentage indicator since the 0.10% worsening is less than 1 percentage point when comparing to same cohorts. However, when comparing the current year's compliance percentage of 94.51% with last year's compliance percentage of 97.56%, NJ does meet the definition of slippage due to the worsening being more than 1 percentage point.

#### **Number of documented delays attributable to exceptional family circumstances**

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

10

**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 parent(s) documenting consent for the services on the IFSP."

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

State monitoring

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

NJ continues to use the OSEP approved sampling plan and monitors all 21 counties by cohort. Each cohort is monitored every other year for 10 counties in odd numbered FFYs (Cohort A) and 11 counties in even number FFYs (Cohort B).

Sampling Plan Process: • 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 2018 timely services monitoring used the statewide database to begin a data desk audit based on a simple random sampling without replacement of three months of the FFY 2018 service claim data. The data represents all active child records for the months of August through October 2018 for eleven of the twenty-one counties in New Jersey. The other ten counties were reviewed in FFY 2017 and reported in the APR submitted February 1, 2019.

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

XXX

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

XXX

**If needed, provide additional information about this indicator here.**

Data Desk Audit, Inquiry and Record Review:

- The NJEIS electronic state database does not yet 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.
- 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:
  - o Verification that there is a valid IFSP date with a billing authorization within the IFSP period.
  - o Verification there is a valid claim filed by the provider agency.
  - o Verification the claim is supported by a service encounter verification log signed by the parent and;
  - o 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:
  - o Reason and explanation of delay;
  - o Identification of type of IFSP (initial, review, annual review);
  - o Date IFSP was sent by SCU and received by the Early Intervention Program (EIP);
  - o EIP assignment date;
  - o Reasons and barriers that affected meeting the 30 day timely service provision;
  - o EIP and/or SCU response to correct the system barrier;
  - o Description of how the agency and/or SCU is assured that the barrier has been corrected;
  - o Submission of policies and procedures which were created or revised; and confirmation the agency followed NJEIS policies and procedures.

Data Analysis and Results:

There were 2,331 children in the state database for the quarter monitored meeting the business rules stated above. These children had a total of 3,570 services. The DOH NJEIS analyzes timely services data by children and also by individual service as described below:

Quarter of the Data: August-October 2018: 2,331 children; 3,570 services

Sample of the Quarter (Denominator): 182 children; 262 services

Initial Timely Services (Dirty Data without Desk Inquiry): 162 children ; 239 services

Initial Untimely Services (Dirty Data without Desk Inquiry): 20 children; 23 services  
 Desk Inquiry Verification of Family Reason for delay or On-Time: 10 children; 10 services  
 Desk Inquiry Verification of Untimely service: 10 children; 13 services  
 Corrected Numerator (Timely + Family Reasons): 162+10=172 children ; 239+10=249 services  
 State Compliance Percentage: 172/182=94.51% children; 249/262=95.04% services

The 13 untimely services types were: Physical therapy (4); Speech therapy (4); Occupational therapy (2); Developmental intervention (1) and; Social work (2).

The number of days delayed were between: 1-7 days (2); 8-14 days (2); >14 days (9).

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).
- Ensured that each agency with identified non-compliance is correctly implementing the specific regulatory requirements based on review of subsequent data to verify the timely initiation of services. Once an agency is operating at 100% compliance for this indicator, the finding is closed.
- Accounted for all instances of noncompliance identified through the NJEIS database, desk inquiry, and record review. 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 reviewing updated data from the database; 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. Once an agency is operating at 100% compliance for this indicator, the finding is closed.

- The desk audit random sample included 182 active child records and 262 services obtained from the NJEIS data system.
- The initial data desk audit identified that 162 of the 182 children (239 of 262 services) did receive timely services based on consent date of the IFSP.
- Without the necessary drill down for reason for delay, 20 children (23 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 20 of the 182 children and 23 of their 262 services.
- The results of the inquiry identified that for 10 of the 20 children in the database identified to have received their services late (10 of the 23 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, 10 of the 20 children (10 of the 23 services) were determined to have exceptional family circumstances that resulted in services being considered acceptable however untimely. Ten (10) children (13 services) were determined to have non-compliance in timely services.
- Overall, 94.51% (172/182) of the children had timely services including 10 children who services were delayed due to a family reason.
- Overall, 95.04% (249/262) of the services were timely including 10 services which were delayed due to a family reason.

As a result of the additional inquiry of the ten (10) children (13 services), NJEIS has:

- Identified the responsible agencies, their percentage and determined reasons for delay (root causes).
- Four (4) Findings were issued on September 20, 2019 and have until September 19, 2020 to verify correction of both prongs.

#### Correction of Findings of Noncompliance Identified in FFY 2017

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
8	8	0	0

#### FFY 2017 Findings of Noncompliance Verified as Corrected

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

The NJEIS verified there were eight (8) children for whom one or more services were untimely due to a systems reason. NJEIS identified the responsible agencies, their percentage of compliance and determined reasons for delay (root causes).

NJEIS verified, in all instances, the agencies involved were determined to have followed all federal and state policies and procedures and NJEIS reviewed their existing procedures for compliance. NJEIS ensured that each agency with identified noncompliance was correctly implementing the specific regulatory requirements based on a review and verification of events (Prong 2).

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

The NJEIS verified there were eight (8) children for whom one or more services were untimely due to a systems reason. NJEIS identified the responsible agencies, their percentage of compliance and determined reasons for delay (root causes).

NJEIS: 1) accounted for all eight (8) instances of non-compliance identified through the NJEIS database, desk inquiry, and record review. The DOH confirmed that all eight (8) children's services were provided, although late, unless the child was no longer in the jurisdiction of NJEIS, consistent with OSEP memo 09-02 and as verified by the monitoring team through claims data, service encounter verification sign-off, IFSP team pages and progress notes (Prong 1).

2) verified, in all instances, the agencies involved were determined to have followed all federal and state policies and procedures and NJEIS reviewed their existing procedures for compliance. NJEIS ensured that each agency with identified noncompliance was correctly implementing the specific regulatory requirements based on a review and verification of events (Prong 2).

3) No findings were issued if the agency met both prongs which was verified in accordance with federal requirements.

Therefore, according to NJEIS procedures, the agency was not issued a finding as correction was verified for both prongs 1 and 2 as required as per OSEP memo 09-02 as was documented in the FFY 2017 APR.

#### FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

##### Actions taken if noncompliance not corrected

XXX

#### Correction of Findings of Noncompliance Identified Prior to FFY 2017

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

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**1 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

**1 - OSEP Response**

Because the State reported less than 100% compliance for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2019 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2018 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 2019 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 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018.

**1 - Required Actions**

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline	2012	99.81%			
FFY	2013	2014	2015	2016	2017
Target>=	99.81%	99.81%	99.84%	99.87%	99.89%
Data	99.92%	99.82%	99.79%	99.87%	99.87%

### Targets

FFY	2018	2019
Target>=	99.92%	99.92%

### Targets: Description of Stakeholder Input

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 2018 SPP/APR was developed with broad stakeholder input obtained at a January 7, 2020 Part C Steering Committee meeting. This included review of data for fiscal year 2018 (July 1, 2018 - June 30, 2019) and setting targets for FFY 2019. 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 2014-2019. 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 24, 2020 SICC meeting at which time the SICC certified the FFY 2018 SPP/APR as their annual report.

### Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	14,211
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Total number of infants and toddlers with IFSPs	14,216

### FFY 2018 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
14,211	14,216	99.87%	99.92%	99.96%	Met Target	No Slippage

Provide reasons for slippage, if applicable

XXX

Provide additional information about this indicator (optional)

In FFY 2018, the 618 data reported (14,211/14,216) 99.96% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based settings.

The 14,211 included 13,147 children who received services primarily in the home (92.48%) plus 1,064 who received services primarily in community-based settings (7.48%).

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 2018 indicated that 1,551 of the 13,147 that received services primarily in the home and 2 of the 5 that received services primarily in other settings, also received at least one service in the community.

The percentage of children who received any service in the community is 18.41%  $((1,064+1,551+2)/14,216)$ . This is an increase of 1.76% compared to FFY 2017, which was 16.65%.

In FFY 2018, 99.96% of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based settings. This is an increase of 0.09% compared to FFY 2017.

The percentage of children receiving services in primarily community-based settings decreased 1.87%, from 9.35% in FFY 2017 (1,276/13,644 children) to 7.48% in FFY 2018 (1,064/14,216).

In FFY 2018, 0.04% (5/14,216 children) of children were counted in other settings (percentage of non-natural environment settings) which is a 0.09% decrease compared to FFY 2017 percentage of 0.13%.

In FFY 2018, 80.95% (17 of the 21) counties exceeded the target of 99.92% of children primarily served in natural environments.

## **2 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

## **2 - OSEP Response**

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

## **2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

#### Measurement for Summary Statement 1:

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

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

#### Measurement for Summary Statement 2:

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

#### Instructions

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

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

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

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

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

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

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

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

### 3 - Indicator Data

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

NO

#### Targets: Description of Stakeholder Input

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 2018 SPP/APR was developed with broad stakeholder input obtained at a January 7, 2020 Part C Steering Committee meeting. This included review of data for fiscal year 2018 (July 1, 2018 - June 30, 2019) and setting targets for FFY 2019. 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 2014-2019. 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 24, 2020 SICC meeting at which time the SICC certified the FFY 2018 SPP/APR as their annual report.

#### Historical Data

	Baseline	FFY	2013	2014	2015	2016	2017
A1	2012	Target>=	38.15%	38.15%	39.85%	41.55%	43.25%
A1	30.62%	Data	38.15%	39.87%	39.63%	43.34%	39.17%
A2	2012	Target>=	77.29%	77.29%	77.97%	78.65%	79.33%
A2	79.03%	Data	77.29%	80.11%	77.36%	79.12%	72.87%
B1	2012	Target>=	82.59%	82.59%	83.20%	83.80%	84.40%
B1	77.32%	Data	82.59%	84.11%	82.54%	85.33%	83.12%
B2	2013	Target>=	45.87%	45.87%	46.90%	47.90%	49.02%
B2	45.87%	Data	45.87%	47.54%	46.65%	49.93%	43.27%
C1	2012	Target>=	92.85%	92.85%	92.85%	92.88%	92.88%
C1	92.25%	Data	92.85%	93.43%	93.01%	94.92%	94.57%
C2	2012	Target>=	78.75%	78.75%	79.81%	80.87%	81.93%
C2	80.37%	Data	78.75%	80.23%	79.79%	79.80%	75.81%

#### Targets

FFY	2018	2019
Target A1>=	45.00%	45.00%
Target A2>=	80.00%	80.00%
Target B1>=	85.00%	85.00%
Target B2>=	50.00%	50.00%
Target C1>=	93.00%	93.00%
Target C2>=	83.00%	83.00%

#### FFY 2018 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

5,960

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

	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	264	4.43%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,614	27.08%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	456	7.65%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	604	10.13%

	Number of children	Percentage of Total
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	3,022	50.70%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,060	2,938	39.17%	45.00%	36.08%	Did Not Meet Target	Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	3,626	5,960	72.87%	80.00%	60.84%	Did Not Meet Target	Slippage

**Provide reasons for A1 slippage, if applicable**

As part of the NJEIS SSIP focused on Child Outcomes Indicator 3A, a significant training effort took place during 2017 and 2018 with the aim of ensuring Fidelity to the administration of the BDI in the Personal-Social domain. Previous data indicated the program was under-identifying children with delays in Social-Emotional skills as evidenced by several years of 70% of children or higher, having a child outcome progress rating of "e". This year's distribution of children indicates the training was successful as more children were identified as "not with peers" upon entry into the program, with now 51% of children in progress category "e". NJEIS will consider the data reported in C3A1 as it indicates additional strategies are needed to support families in the development of their children's social development now that the identification of those children is improved.

**Provide reasons for A2 slippage, if applicable**

As part of the NJEIS SSIP focused on Child Outcomes Indicator 3A, a significant training effort took place during 2017 and 2018 with the aim of ensuring Fidelity to the administration of the BDI in the Personal-Social domain. Previous data indicated the program was under-identifying children with delays in Social-Emotional skills as evidenced by several years of 70% of children or higher, having a child outcome rating of "e". This year's distribution of children indicates the training was successful as more children were identified as "not with peers" upon entry into the program, with now 51% of children in progress category "e".

Although calculated at a percentage less than last year's report, NJEIS considers the lower percentage in A2 to be a positive for the program, as less children were included in progress category "e". In previous years reporting, the progress category results for A2 were considered to have data anomalies and were flagged by OSEP in all previous reviews. Although the "percentage number" has decreased, the movement is in the correct direction. NJEIS will continue to assess the data reported in C3 as the data informs the work of the state's SSIP and SIMR.

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

	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	58	0.97%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	700	11.74%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,620	43.96%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,969	33.04%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	613	10.29%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,589	5,347	83.12%	85.00%	85.82%	Met Target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they	2,582	5,960	43.27%	50.00%	43.32%	Did Not Meet Target	No Slippage

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
turned 3 years of age or exited the program							

Provide reasons for B1 slippage, if applicable

XXX

Provide reasons for B2 slippage, if applicable

XXX

**Outcome C: Use of appropriate behaviors to meet their needs**

	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	17	0.29%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	137	2.30%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	541	9.08%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,583	26.56%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	3,682	61.78%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,124	2,278	94.57%	93.00%	93.24%	Met Target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	5,265	5,960	75.81%	83.00%	88.34%	Met Target	No Slippage

Provide reasons for C1 slippage, if applicable

XXX

Provide reasons for C2 slippage, if applicable

XXX

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

XXX

**Historical Data**

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

<b>A2 AR</b>	XXX	Data	XXX	XXX	XXX	XXX	XXX
<b>B1</b>	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
<b>B1</b>	XXX	Data	XXX	XXX	XXX	XXX	XXX
<b>B1 AR</b>	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
<b>B1 AR</b>	XXX	Data	XXX	XXX	XXX	XXX	XXX
<b>B2</b>	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
<b>B2</b>	XXX	Data	XXX	XXX	XXX	XXX	XXX
<b>B2 AR</b>	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
<b>B2 AR</b>	XXX	Data	XXX	XXX	XXX	XXX	XXX
<b>C1</b>	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
<b>C1</b>	XXX	Data	XXX	XXX	XXX	XXX	XXX
<b>C1 AR</b>	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
<b>C1 AR</b>	XXX	Data	XXX	XXX	XXX	XXX	XXX
<b>C2</b>	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
<b>C2</b>	XXX	Data	XXX	XXX	XXX	XXX	XXX
<b>C2 AR</b>	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
<b>C2 AR</b>	XXX	Data	XXX	XXX	XXX	XXX	XXX

**Targets**

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

**FFY 2018 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

XXX

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

<b>Not including at-risk infants and toddlers</b>	<b>Number of children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	XXX	XXX

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

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

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

**Provide reasons for A1 slippage, if applicable**

XXX

**Provide reasons for A2 slippage, if applicable**

XXX

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

**Provide reasons for A1 AR/ALL slippage, if applicable**

XXX

**Provide reasons for A2 AR/ALL slippage, if applicable**

XXX

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

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

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

<b>Not including at-risk infants and toddlers</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2017 Data</b>	<b>FFY 2018 Target</b>	<b>FFY 2018 Data</b>	<b>Status</b>	<b>Slippage</b>
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**Provide reasons for B1 slippage, if applicable**

XXX

**Provide reasons for B2 slippage, if applicable**

XXX

<b>Just at-risk infants and toddlers/All infants and toddlers</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2017 Data</b>	<b>FFY 2018 Target</b>	<b>FFY 2018 Data</b>	<b>Status</b>	<b>Slippage</b>
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

Provide reasons for B1 AR/ALL slippage, if applicable

XXX

Provide reasons for B2 AR/ALL slippage, if applicable

XXX

**Outcome C: Use of appropriate behaviors to meet their needs**

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

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

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for C1 slippage, if applicable

XXX

Provide reasons for C2 slippage, if applicable

XXX

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

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
of growth by the time they turned 3 years of age or exited the program							
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**Provide reasons for C1 AR/ALL slippage, if applicable**

XXX

**Provide reasons for C2 AR/ALL slippage, if applicable**

XXX

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

The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's part C exiting 618 data	13,583
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.	1,669

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

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

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

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.

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

**3 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

**3 - OSEP Response**

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

### 3 - Required Actions

## Indicator 4: Family Involvement

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

## 4 - Indicator Data

### Historical Data

	Baseline	FFY	2013	2014	2015	2016	2017
A	2012	Target >=	71.18%	71.18%	72.14%	73.09%	74.05%
A	69.37%	Data	71.18%	72.78%	66.22%	78.78%	75.52%
B	2012	Target >=	66.67%	66.67%	67.50%	68.34%	69.17%
B	64.77%	Data	66.67%	69.11%	62.85%	75.55%	72.97%
C	2012	Target >=	83.09%	83.09%	83.57%	84.05%	84.52%
C	80.96%	Data	83.09%	83.42%	82.29%	88.96%	85.06%

### Targets

FFY	2018	2019
Target A >=	75.00%	75.00%
Target B >=	70.00%	70.00%
Target C >=	85.00%	85.00%

### Targets: Description of Stakeholder Input

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 2018 SPP/APR was developed with broad stakeholder input obtained at a January 7, 2020 Part C Steering Committee meeting. This included review of data for fiscal year 2018 (July 1, 2018 - June 30, 2019) and setting targets for FFY 2019. 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 2014-2019. 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 24, 2020 SICC meeting at which time the SICC certified the FFY 2018 SPP/APR as their annual report.

**FFY 2018 SPP/APR Data**

The number of families to whom surveys were distributed	4,321
Number of respondent families participating in Part C	731
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	551
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	731
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	524
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	731
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	629
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	731

	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	75.52%	75.00%	75.38%	Met Target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	72.97%	70.00%	71.68%	Met Target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	85.06%	85.00%	86.05%	Met Target	No Slippage

**Provide reasons for part A slippage, if applicable**

XXX

**Provide reasons for part B slippage, if applicable**

XXX

**Provide reasons for part C slippage, if applicable**

XXX

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

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

The following business rules were applied in the selection of families to receive the family survey:

1. Children must have been in the system for at least 9 months from referral; and 2. 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 7,491 families. The NJEIS filters out all duplicates (siblings, multiple births). The total un-duplicated survey population was 7,149 as documented in Table 1 . Sampling Plan

NJEIS conducted a two year analysis of historic family survey data to identify a potential return rate in an effort to prevent a high margin of error. The return rate in FFY 2006 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/MULTI). This difference was documented in the analysis of the FFY 2005 survey return rates. Therefore, NJEIS continues to over sample 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

difference 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 and Hispanic race group were pulled at higher percentages than other race groups. 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 stratum size of 75. The margin of error (MOE) per county varied from 11% to 21%. The margin of error for 14 out of the 21 counties was less than or equal to 18%. The overall state wide margin of error (MOE) was 4%.

**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 surveys mailed was 4,321 for the population of 7,149 as documented in Table 2 & 3.

**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 the Response rate as documented in Table 2 .

**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. The contractor doesn't share information with NJEIS on how an individual family responded to the survey (Table 5).

To ensure NJEIS receives the representative sample, the following are implemented annually: 1. Distributing the survey with the impact questions on one form with both English and Spanish on each side so that all families in the sample receive the survey in both languages (Attachment 1 & 2). 2. Families who do not identify English as their primary language are identified through the demographic data and are provided with a translated version of the survey (if available); or 3. offers to conduct a phone survey utilizing Language Line. The breakdown of primary languages is documented in Table 4. 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 coordinators prior to the initial mailing. The response rate is reviewed and any race/county under-represented on the expected return rate are identified. Additional follow up surveys have been conducted to the under-represented race groups by using an independent consultant to contact families and offer assistance to complete the survey by mail or the internet (Table 5). Once there is sufficient response, the survey is closed.

The NJEIS analyzed both the performance and response rate. The response rate increased in FFY 2018 from 14.93% to 16.92% and the number of returned 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.

Due to NJEIS' slippage in all indicator 4 sub-indicators in FFY 2015, NJEIS identified several factors that may have contributed to the performance. NJEIS uses the National Center for Special Education Accountability Monitoring (NCSEAM) 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. Also 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 dis-aggregated the data, discussing with staff who assisted in the 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 future surveys:

1. Continue 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;
2. Revise current survey protocols including development of standard scripts to be used when interviewing families to complete the survey; and
3. Contract with an independent research firm to make the calls to parents to ensure consistency in how the survey calls are conducted. NJEIS was pleased that the performance in all three sub-indicators increased significantly the following year. 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. Therefore, NJEIS continued to institute the same procedures for all future surveys. In FFY 2017, NJEIS began emailing the non-responding families reminders with their personal PLINK password and a link to the on-line survey. Due to the change in the Early Intervention Management System database, NJEIS was able to collect families' email addresses.

On October 4, 2019, 4,321 surveys were mailed to families. Cover letters as well as postage-paid business reply envelopes were included. The return deadline was November 18, 2019. Respondents were also given the option of completing an online version of the survey. In an effort to increase the response rate, over 1,800 non-respondent families were contacted via telephone to provide options for completing the survey. Additionally, two reminder emails were sent to families who provided email addresses to NJEIS. NJEIS continues to explore ways to increase response rates.

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

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

The NJEIS works to ensure the response data are representative of NJEIS demographics in the following ways:

**1. Population Size by County Location**

Since the 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. Each year the sample pull is compared to the most recent December 1 Headcount. Adjustments are made to ensure the appropriate number of family responses by county and by race are received prior to closing the survey as depicted in Table 2 and Table 5.

**2. Race by County Location**

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. As part of the sampling methodology and to decrease the Margin of Error (MOE), NJEIS annually over samples the African American/Not Hispanic (AA/NH) and Hispanic (H) families due to historically lower return rates than other race groups (White/Asian/American Indian/Hawaiian-Pacific Islander/Multi Race) (W/A/AI/PI/MULTI).

**3. Confidentiality and Unbiased Analysis**

Each year, families mail the completed survey using the postage paid return envelope directly to an outside contractor to analyze the survey results.

Due to NJEIS' slippage in all three indicator 4 sub-indicators in FFY 2015, NJEIS identified several factors that may have contributed to the performance. One of the issues found in FFY 2015, was a significant increase in the overall number of surveys completed as well as a significant increase in the number of telephone survey interview responses completed by Regional Early Intervention Collaborative Family Support Coordinators. NJEIS disaggregated the data, discussing with staff who assisted 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 future surveys:

- a. 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;
  - b. Revised current survey protocols including development of standard scripts to be used when interviewing families to complete the survey; and
  - c. Contracted with a research firm to make the calls to parents to ensure consistency in how the survey calls are conducted.
- NJEIS was pleased that the performance in all three sub-indicators increased significantly over the following years by utilizing these changes. 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. Therefore, NJEIS continued to institute the same procedures for all future surveys.

#### 4. Language and Accessibility

To ensure NJEIS receives the representative sample, the following are implemented annually:

- a. 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 (Attachment 1 and 2).
- b. 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
- c. Offer to conduct a phone survey with the family utilizing Language Line; and
- d. NJEIS has an option for families to respond to the survey through the Internet using a unique child identification number (PLINK number).

#### 5. Additional Follow up of Non-Responders of Under-Represented Race Groups

The unique child identification PLINK number is documented on each survey to allow for demographic analysis. This enables the NJEIS to conduct follow-up activities to obtain a representative sample by race and county. The response rate is reviewed and any race/county under-represented on the expected return rate are identified as depicted in Table 5. Additional follow up surveys were conducted to the under-represented race groups by using an independent consultant to contact families and offer assistance to complete the survey by mail or the internet. Once there was a sufficient representative response up until the deadline of November 18, 2019, the survey was closed.

In FFY 2017, NJEIS began emailing reminders to non-responding families which included their personal PLINK password and a link to the on-line survey due to the change in the Early Intervention Management System database which has the capacity to store email addresses.

In FFY 2018, NJEIS instructed the consultant to send out 2 email reminders to the families who did not respond to the survey. This allowed NJEIS to target counties and races that were underrepresented in comparison to the Dec 1 Headcount population. Also, in an effort to increase the response rate, over 1,800 non-respondent families were contacted via telephone by the consultant agency to provide options for completing the survey.

At the close of the survey, NJEIS analyzed both the performance and response rate and the number of returned surveys exceeded the minimum number required for an adequate confidence level based on established survey sample guidelines and was significantly representative of the population and adequately reflected the distribution by county between +/- 4.48% by county (Table 6) and +/-4% by race (Table 7) for the state.

#### **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 thirteenth 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 664. The standard deviation was 172, and the standard error of the mean was 6.4. The 95% confidence interval for the mean was 651.1 - 676.1. This means that there is a 95% likelihood that the true value of the mean is between these two values.

On October 4, 2019, 4,321 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 18, 2019 to allow families additional time to respond. Respondents were also given the option of completing an online version of the survey. In an effort to increase the response rate, over 1,800 non-respondent families were contacted via telephone to provide options for completing the survey.

Of the 4,321 surveys distributed across twenty-one counties, 731 were returned for a response rate of 16.92%. The number of return surveys exceeds the minimum number required for an adequate confidence level based on established survey guidelines (e.g., <https://www.surveystools.com/sscalc.htm>).

In total, 261 paper surveys and 470 web responses were collected.

There were 687 responses in English and 44 in Spanish.

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, 2018 rate by county was -4.48% to +2.39%. The median percent difference was 0.3% as depicted in the Table 6.

Bergen county is slightly over represented by 2.39%. Ocean county was slightly under represented by 4.48%.

The December 1, 2018 population by race/ethnicity matched the FFY 2018 survey race/ethnicity of respondents within +/-4% for all race/ethnicity groups as depicted in Table 7.

The NJEIS has historically observed an under-representation in survey response from the African American/Not Hispanic (AA/NH) 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 with a slight variation in the White/Not Hispanic and Hispanic population.

The range of variance between the return race/ethnicity population and the December 1 2018 race/ethnicity by county was -4% to +4%.

The Median difference between the race/ethnicity population and the returns was 0.03%.

The Caucasian/Not Hispanic population was over-represented by 4%, and the Hispanic population was under-represented by -4% as depicted in the Table 7.

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

Responses were received from all twenty one (21) counties in New Jersey.

Survey responses were received from 731 families, representing a 16.92% return rate (731/4321).

The targets were met for 4A, 4B and 4C. Specifically:

Performance decreased 0.14% in 4A from 75.52% in FFY 2017 to 75.38% in FFY 2018.

Performance decreased 1.29% in 4B from 72.97% in FFY 2017 to 71.68% in FFY 2018.

Performance increased 0.99% in 4C from 85.06% in FFY 2017 to 86.05% in FFY 2018.

NJEIS FFY 2018 Percent of Respondents Meeting or Exceeding each of the Standards for Indicator #4 by Race/Ethnicity groups is described on Table 8.

#### **4 - Prior FFY Required Actions**

In the FFY 2018 SPP/APR, the State must report whether its FFY 2018 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

##### **Response to actions required in FFY 2017 SPP/APR**

The NJEIS works to ensure the response data are representative of NJEIS demographics in the following ways:

##### **1. Population Size by County Location**

Since the 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. Each year the sample pull is compared to the most recent December 1 Headcount. Adjustments are made to ensure the appropriate number of family responses by county and by race are received prior to closing the survey.

##### **2. Race by County Location**

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. As part of the sampling methodology and to decrease the Margin of Error (MOE), NJEIS annually over samples the African American/Not Hispanic (AA/NH) and Hispanic (H) families due to historically lower return rates than other race groups (White/Asian/American Indian/Hawaiian-Pacific Islander/Multi Race) (W/A/Al/Hi/PI/MULTI).

##### **3. Confidentiality and Unbiased Analysis**

Each year, families mail the completed survey using the postage paid return envelope directly to an outside contractor to analyze the survey results. Due to NJEIS' slippage in all three indicator 4 sub-indicators in FFY 2015, NJEIS identified several factors that may have contributed to the performance. One of the issues found in FFY 2015, was a significant increase in the overall number of surveys completed as well as a significant increase in the number of telephone survey interview responses completed by Regional Early Intervention Collaborative Family Support Coordinators. NJEIS disaggregated the data, discussing with staff who assisted 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 future surveys: a. 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; b. Revised current survey protocols including development of standard scripts to be used when interviewing families to complete the survey; and c. Contracted with a research firm to make the calls to parents to ensure consistency in how the survey calls are conducted. NJEIS was pleased that the performance in all three sub-indicators increased significantly the following 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. Therefore, NJEIS continued to institute the same procedures for all future surveys.

##### **4. Language and Accessibility**

To ensure NJEIS receives the representative sample, the following are implemented annually: a. 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 (Attachment 1). b. 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 c. offers to conduct a phone survey with the family utilizing Language Line. 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).

##### **5. Additional Follow up of Non-Responders of Under-Represented Race Groups**

The unique child identification PLINK number is documented on each survey to allow for demographic analysis. This enables the NJEIS to conduct follow-up activities to obtain a representative sample by race and county. The response rate is reviewed and any race/county under-represented on the expected return rate are identified. Additional follow up surveys were conducted to the under-represented race groups by using an independent consultant to contact families and offer assistance to complete the survey by mail or the internet. Once there was a sufficient representative response up until the deadline of November 18, 2019, the survey was closed.

In FFY 2017, NJEIS began emailing reminders to non-responding families which included their personal PLINK password and a link to the on-line survey due to the change in the Early Intervention Management System database which has the capacity to store email addresses. In FFY 2018, NJEIS instructed the consultant to send out 2 email reminders to the families who did not respond to the survey. This allowed NJEIS to target counties and races that were underrepresented in comparison to the Dec 1 Headcount population. Also, in an effort to increase the response rate, over 1,800 non-respondent families were contacted via telephone by the consultant agency to provide options for completing the survey. At the close of the survey, NJEIS analyzed both the performance and response rate and the number of returned surveys exceeded the minimum number required for an adequate confidence level based on established survey sample guidelines and was significantly representative of the population and adequately reflected the distribution by county between +/- 4.48% by county and +/-4% by race for the state.

#### **4 - OSEP Response**

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

#### **4 - Required Actions**

In the FFY 2019 SPP/APR, the State must report whether its FFY 2019 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

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

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

## 5 - Indicator Data

### Historical Data

Baseline	2012	0.62%			
FFY	2013	2014	2015	2016	2017
Target >=	0.65%	0.65%	0.65%	0.66%	0.66%
Data	0.65%	0.70%	0.75%	0.88%	0.78%

### Targets

FFY	2018	2019
Target >=	0.67%	0.67%

### Targets: Description of Stakeholder Input

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 2018 SPP/APR was developed with broad stakeholder input obtained at a January 7, 2020 Part C Steering Committee meeting. This included review of data for fiscal year 2018 (July 1, 2018 - June 30, 2019) and setting targets for FFY 2019. 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 2014-2019. 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 24, 2020 SICC meeting at which time the SICC certified the FFY 2018 SPP/APR as their annual report.

### Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Number of infants and toddlers birth to 1 with IFSPs	816
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/20/2019	Population of infants and toddlers birth to 1	100,364

### FFY 2018 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
816	100,364	0.78%	0.67%	0.81%	Met Target	No Slippage

### Provide reasons for slippage, if applicable

XXX

### Compare your results to the national data

When compared with FFY 2017, the FFY 2018 New Jersey state percentage of children birth to one year of 0.81% (816/100,364) increased by 0.03% (0.81% - 0.78%).

The FFY 2018 national percentage of 1.25% (47,949/3,848,208) remained the same as in FFY 2017.

Although both the national and New Jersey birth to one census decreased, New Jersey's number of birth to one children with IFSPs increased (+23 children) whereas the national birth to one children with IFSPs decreased (-1,358). Therefore, NJ had a 2.9% increase in the number of children zero to one with an IFSP compared to the previous year whereas, the national number of children zero to one with an IFSP had a decrease of -2.75% compared

to the previous year.

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

FFY 2018 status of 0.81% is 0.03% higher than the FFY 2017 performance and exceeded the target of 0.67% by 0.14% .  
In FFY 2018, 81% (17/21), seventeen of the twenty-one NJEIS counties met or exceeded the target of 0.67%.

The total number of referrals from July 1, 2018 through June 30, 2019 examined by age and eligibility outcomes indicates the following:

The total number of referrals of children, birth to age one year, received from July 1, 2018 through June 30, 2019 comprised 18.5% of the total number of referrals (4,193 out of a total of 22,667 referrals).

In FFY 2018, these 4,193 referrals to early intervention comprised 4.14% of the 101,223 live births (4,193/101,223) in 2018 as per the Centers for Disease Control and Prevention National Center for Health Statistics website (most current data as of January 2020).

The ineligibility rate for children referred birth to age one was 33.10% in FFY 2018 compared to an overall ineligibility rate of 24.5% for children referred birth to age three.

From FFY 2012- FFY 2016, the following ineligibility rates have been recorded for children referred birth to one: 34.0%, 32.3%, 27.7%, 28.3% and 30.1% respectively. Whereas the ineligibility rates from FFY 2012-2016 for children referred birth to age three were: 28.3%, 25.8%, 22.8%, 22.4% and 22.8% respectively.

Although New Jersey may receive referrals of children at an early age of birth to one, a high percentage of ineligibility has traditionally been observed.

**5 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

**5 - OSEP Response**

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

**5 - Required Actions**

## Indicator 6: Child Find (Birth to Three)

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

### 6 - Indicator Data

Baseline	2012	3.22%			
FFY	2013	2014	2015	2016	2017
Target >=	3.38%	3.38%	3.40%	3.42%	3.43%
Data	3.38%	3.61%	3.98%	4.38%	4.40%

#### Targets

FFY	2018	2019
Target >=	3.45%	3.45%

#### Targets: Description of Stakeholder Input

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 2018 SPP/APR was developed with broad stakeholder input obtained at a January 7, 2020 Part C Steering Committee meeting. This included review of data for fiscal year 2018 (July 1, 2018 - June 30, 2019) and setting targets for FFY 2019. 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 2014-2019. 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 24, 2020 SICC meeting at which time the SICC certified the FFY 2018 SPP/APR as their annual report.

#### Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Number of infants and toddlers birth to 3 with IFSPs	14,216
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/20/2019	Population of infants and toddlers birth to 3	308,183

#### FFY 2018 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
14,216	308,183	4.40%	3.45%	4.61%	Met Target	No Slippage

#### Provide reasons for slippage, if applicable

XXX

#### Compare your results to the national data

For FFY 2018, New Jersey served 4.61% (14,216/308,183) of infants and toddlers, birth to three, with IFSPs, compared to the national average of 3.48% (409,315/11,752,545).

When compared to FFY 2017, the percentage of infants, birth to three, with IFSPs in New Jersey increased by 0.21% (4.61%-4.40) while the national percentage increased 0.22% (3.48%-3.26%).

Although both the national and New Jersey birth to three census decreased, New Jersey's number of birth to three children with IFSPs increased (+572 children) whereas the national birth to three children with IFSPs increased (+20,621). Therefore, New Jersey had a 4.19% increase in the number of children zero to three with an IFSP compared to the previous year whereas, the national number of children zero to three with an IFSP had an increase of +5.31% compared to the previous year.

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

New Jersey exceeded the target of 3.45% as set by stakeholders for this reporting period and 100% of the twenty-one NJEIS counties met or exceeded the target of 3.45%.

The number of children aged zero to three being referred to New Jersey early intervention continues to increase as documented in FFY years 2012-2016: 17,686, 18,711, 20,493, 21,100 and 22,427 respectively.

The total number of referrals for children age birth to three, received July 1, 2018 through June 30, 2019 was 22,667 with an average 24.47% ineligibility rate (5,546/22,667).

## **6 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

## **6 - OSEP Response**

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

## **6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

## 7 - Indicator Data

### Historical Data

Baseline	2012	98.21%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	98.85%	96.26%	98.61%	99.76%	99.71%

### Targets

FFY	2018	2019
Target	100%	100%

### FFY 2018 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
305	320	99.71%	100%	99.69%	Did Not Meet Target	No Slippage

Provide reasons for slippage, if applicable

XXX

Number of documented delays attributable to exceptional family circumstances

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

14

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

State monitoring

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 the first quarter of FFY 2018 data (July, August and September 2018). 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 Early Intervention Program (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 the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

XXX

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

XXX

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

Of the 3,685 children for whom an initial IFSP meeting was required to be conducted during the three months of inquiry, data from a random selections of 320 children were monitored. Of the 320 children, 319 of the IFSPs were in compliance with the 45 calendar day requirement, including 14 initial IFSP meetings that were delayed because of family reasons.

The 14 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 Children

Total IFSPs for Quarter of Data: July-September 2018= 3,685

Sample of the Quarter (Denominator) =320

Preliminary Timely Initial IFSPs (Dirty Data without Desk Inquiry) =305

Preliminary Untimely Initial IFSPs (Dirty Data without Desk Inquiry) =15

Desk Inquiry Verification of Family Reason & Extreme weather =14

Desk Inquiry Verification of Untimely IFSPs =1

Verified Corrected Numerator (Timely + Family Reasons + Extreme weather + corrected Timely) =305+14=319

State Compliance Percentage 319/320=99.69%

The one (1) initial IFSP meeting delayed for a systems reason was due to the Regional Early Intervention Collaborative (REIC) System Point of Entry Service Coordination Unit (SCU) in notifying the Evaluation team of the referral. This caused the family's IFSP to be two (2) days delayed.

NJEIS verified the one (1) child's IFSP meeting was held although late. The meeting occurred and the IFSP was signed on day 47. The REIC involved was required to provide and review their current policies and procedures and conduct training with staff. NJEIS reviewed their existing procedures for compliance and reviewed additional subsequent data and found no systemic issues. Therefore, according to NJEIS procedures, the agency was not issued a finding as correction was verified for both prongs 1 and 2 as required.

### Correction of Findings of Noncompliance Identified in FFY 2017

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

### FFY 2017 Findings of Noncompliance Verified as Corrected

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

The NJEIS verified there was one (1) initial IFSP meeting delayed for a systems reason which was due to the Service Coordination Unit (SCU) (0.29% of all Initial IFSPs sampled).

NJEIS required the agency involved to provide their policies and procedures and conduct training with staff. NJEIS reviewed their existing procedures for compliance and reviewed additional subsequent data and found no systemic issues. NJEIS ensured that each agency with identified noncompliance was correctly implementing the specific regulatory requirements based on a review and verification of events (Prong 2).

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

The NJEIS verified there was one (1) initial IFSP meeting delayed for a systems reason which was due to the Service Coordination Unit (SCU) (0.29% of all Initial IFSPs sampled).

NJEIS: 1) verified the one (1) child's IFSP meeting was held although late. The meeting was scheduled day 45 but was rescheduled and occurred on day 58 as verified by the monitoring team through claims data, service encounter verification sign-off, IFSP team pages and progress notes and consistent with OSEP memo 09-02 (Prong 1).

2) required the agency involved to provide their policies and procedures and conduct training with staff. NJEIS reviewed their existing procedures for compliance and reviewed additional subsequent data and found no systemic issues. NJEIS ensured that each agency with identified noncompliance was correctly implementing the specific regulatory requirements based on a review and verification of events (Prong 2).

3) No findings were issued if the agency met both prongs which was verified in accordance with federal requirements.

Therefore, according to NJEIS procedures, the agency was not issued a finding as correction was verified for both prongs 1 and 2 as required as per OSEP memo 09-02 which was documented in the FFY 2017 APR.

### FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

**Actions taken if noncompliance not corrected**

XXX

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

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

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**7 - Prior FFY Required Actions**

The State did not report that it identified any findings of noncompliance in FFY 2016, although its FFY 2016 data reflect less than 100% compliance. In the FFY 2018 SPP/APR, the State must provide an explanation of why it did not identify any findings of noncompliance in FFY 2016.

**Response to actions required in FFY 2017 SPP/APR**

As reported in the FFY 2016 APR, New Jersey had a compliance percentage of 99.76% (410/411) due to 1 initial IFSP meeting that was delayed due to a Service Coordination Unit. NJEIS performed an inquiry into the issue to determine the root cause of the issue and to verify the child and family received the IFSP although late.

The DOH reviewed the child/family documentation and verified that the child who was delayed for a system reason, received their initial IFSP meeting although late by 4 days. The DOH monitoring team confirmed an initial evaluation, initial assessment and an initial IFSP meeting were conducted by day 49 for this family, consistent with OSEP 09-02 (prong 1). In addition, the DOH reviewed the agency's policies and procedures along with subsequent data and determined no other issues contributed to the reason for delay as the agency was correctly implementing the specific regulatory requirements (prong 2).

As a result of the inquiry and the verification of both prongs as per OSEP 09-02, no finding was issued.

**7 - OSEP Response**

Because the State reported less than 100% compliance for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2019 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2018 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 2019 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 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018.

## **7 - Required Actions**

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

## 8A - Indicator Data

### Historical Data

Baseline	2011	98.10%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

**Targets**

FFY	2018	2019
Target	100%	100%

**FFY 2018 SPP/APR Data**

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

YES

If no, please explain.

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
254	254	100.00%	100%	100.00%	Met Target	No Slippage

**Provide reasons for slippage, if applicable**

XXX

**Number of documented delays attributable to exceptional family circumstances**

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

0

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

State monitoring

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

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 18 for the months of February, March and April 2018 and identified 4,457 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.

Of the 4,457 children who exited the program, a random selection of the 254 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 the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

XXX

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

XXX

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

Data Analysis and Results

Indicator 8A Data Children

Total of Children who turned 3 for Quarter of Data: February, March and April 2018= 4,457

Sample of the Quarter (Denominator)= 254

Developed IFSP Transition Steps and Services>= 90 days to <= 9 months prior to the third birthday= 254

State Compliance Percentage 254/254=100%

NJEIS achieved 100% compliance on 254/254 records.

NJEIS has continued 100% compliance on this indicator in FFY 12, FFY 13, FFY 14, FFY 15, FFY 16, FFY 17 and FFY 18.

**Correction of Findings of Noncompliance Identified in FFY 2017**

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

**FFY 2017 Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

XXX

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

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

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

XXX

**8A - Prior FFY Required Actions**

None

Response to actions required in FFY 2017 SPP/APR

**8A - OSEP Response**

**8A - Required Actions**

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

### Historical Data

Baseline	2012	90.24%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	92.40%	95.74%	96.84%	97.30%	95.55%

**Targets**

FFY	2018	2019
Target	100%	100%

**FFY 2018 SPP/APR Data**

**Data include notification to both the SEA and LEA**

YES

If no, please explain.

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
212	254	95.55%	100%	96.36%	Did Not Meet Target	No Slippage

**Provide reasons for slippage, if applicable**

XXX

**Number of parents who opted out**

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

34

**Describe the method used to collect these data**

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 FFY 2018 for the months of February, March and April 2019 that identified 4,457 children that turned age three.

The NJEIS implemented a sampling methodology for monitoring notification to the SEA and 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 +/- 5 confidence interval ensures that child records were appropriately represented.

Of the 4,457 children, a random selection of 254 children was monitored.

Of the 254 children, thirty-four (34) 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/no)**

YES

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

YES

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

State monitoring

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

Data is selected from all twenty-one counties.

A data desk audit was conducted on one quarter of FFY 18 for the months of February, March and April 2019 that identified 4,457 children that turned age three representing all twenty-one counties.

The NJEIS implemented a sampling methodology for monitoring notification to the SEA and 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 the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

XXX

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

XXX

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

Data Analysis and Results

Indicator 8B Data Children

Total of Children who turned 3 for Quarter of Data: February, March and April 2019= 4,457

Sample of the Quarter (Denominator) = 254

Notified the SEA at least 90 days prior to third birthday = 220

Notified to the LEA at least 90 days prior to third birthday = 212

Opt Out = 34

Untimely Notification = 8

Potentially Eligible - Opt Out = 254-34= 220

State Compliance Percentage = 212/220=96.36%

The DOH sent 100% (220/220) 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 2019.

NJEIS achieved 96.36% compliance based on 212/220 records of notification 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 (February-April 2019).

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

Were from the following six (6) counties: Atlantic, Middlesex, Monmouth, Ocean, Passiac and Sussex SCUs;

Five counties had difficulty generating notifications due to late referrals between 45-86 days before turning three and did not have an opt out designation;

One county had several staff vacancies;

All eight (8) children were no longer in the jurisdiction of NJEIS (prong 1) at the time of the inquiry;

NJEIS ensures 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).

Findings Issued:

As a result of the additional inquiry, six (6) 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. Additionally, one of the agencies needed a Corrective Action Plan to address concerns including: Infrastructure/Staffing; Provision of training; and the Provision of Technical Assistance in regards to LEA Notification and Opt-Out. NJEIS will review subsequent children who would be turning three to verify the agencies are implementing the correct policies and procedures (prong 2). The agencies have until October 1, 2020 to verify 100% correction.

Indicator 8B

6 Agencies received a finding on October 2, 2019: Atlantic SCU, Middlesex SCU, Monmouth SCU, Ocean SCU, Passaic SCU and Sussex SCU.

Number of Findings Closed As of 2/1/20 =0

Number of Findings Not Verified as of 2/1/20 =0

Agencies have until October 1, 2020

Correction of Findings of Noncompliance Identified in FFY 2017

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

FFY 2017 Findings of Noncompliance Verified as Corrected

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

Based on FFY 2017 data, four (4) agencies were found to have noncompliance for 8B. The four agencies were each given a finding issued on September 4, 2018 and one (1) of the agencies was also required to develop a Correction Action Plan (CAP). NJEIS reviewed subsequent data, tracked and verified correction of the noncompliance. All four (4) 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. In addition, subsequent data were reviewed to verify timely notification which was used to track and verify correction of all non-compliance. Activities for documentation and verification of the correction include review of updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data.

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 review and verification of timely transition notification events. These 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 2017 data, four (4) findings were issued on September 4, 2018 based on FFY 2017 non-compliance. These agencies revised/developed policies and procedures that were reviewed by NJEIS and one of the four agencies developed a Corrective Action Plan (CAP). NJEIS reviewed subsequent periodic data, tracked and verified correction of the non-compliance. All of the findings were closed timely between December 31, 2018 and May 31, 2019 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, subsequent data were reviewed to verify timely notification and used to track and verify correction of all noncompliance. Activities for documentation and verification of the correction include updated data from the database; review of progress notes and IFSPs from child records; verification of claims and service authorization data. Once the agency is operating at 100% compliance for this indicator, the finding is closed.

NJEIS has accounted for all instances of non-compliance identified through the NJEIS database, desk inquiry, and record review. 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, consistent with OSEP memo 09-02 and as verified by the monitoring team through claims data, service encounter verification sign-off, IFSP team pages and progress notes (Prong 1).

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

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

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**8B - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

**8B - OSEP Response**

Because the State reported less than 100% compliance for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2019 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2018 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 2019 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 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018.

**8B - Required Actions**

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

## 8C - Indicator Data

### Historical Data

Baseline	2013	93.38%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	93.38%	95.94%	99.27%	99.66%	100.00%

**Targets**

FFY	2018	2019
Target	100%	100%

**FFY 2018 SPP/APR Data**

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

YES

If no, please explain.

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
174	254	100.00%	100%	99.47%	Did Not Meet Target	No Slippage

Provide reasons for slippage, if applicable

XXX

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

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

64

**Number of documented delays attributable to exceptional family circumstances**

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

15

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

State monitoring

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

Data were reported for all twenty-one counties.

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 verification; service authorizations and TPC invitation letter/emails).

A data desk audit was conducted on one quarter of FFY 2018 for the months of February, March and April 2019 that identified 4,457 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 4,457 children, a random selection of 254 children were monitored. Of the 254 children, 64 families declined the TPC, reducing the total number of records monitored to 190 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 non-compliance.

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

XXX

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

XXX

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

Data Analysis and Results

Indicator 8C Data Children

Total of Children who turned 3 for Quarter of Data: February, March, April 2019 = 4,457

Sample of the Quarter (Denominator) = 254

Families who declined a TPC = 64

Initial Timely TPCs (Dirty Data without Desk Inquiry) = 174

Initial Untimely TPCs (Dirty Data without Desk Inquiry) = 16  
 Desk Inquiry Verification of Family Reason for delay or on time = 15  
 Desk Inquiry Verification of Untimely TPC = 1  
 Final Numerator (Timely + Family Reasons + corrected Timely) = 174+15=189  
 Final Denominator (Sample of the Quarter - Family Declines) = 254-64=190  
 State Compliance Percentage = 189/190=99.47%

99.47% (189/190) 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 do not include the 64 families who did not provide approval to conduct a transition planning conference.

Of the 254 children, 174 were timely and 15 were delayed due to family reasons.

The 15 family-initiated reasons were included in the calculation 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 showed minor slippage by 0.53% from 100% in FFY 2017 to 99.47% in FFY 2018. The slippage was due to one child who did not receive a timely TPC nor had documentation of declining the TPC.

As per the EDEN Submission System Updated SPP/APR Definition of Slippage and Additional Guidance email dated 12/11/19, since the 0.53% slippage was less than 10% compared to the previous year, OSEP does not consider this "a worsening from the previous data and failure to meet the target." as the worsening does not meet the 10% threshold to be considered slippage for a "large" percentage indicator.

**Correction of Findings of Noncompliance Identified in FFY 2017**

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

**FFY 2017 Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

XXX

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

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

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

### **8C - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

### **8C - OSEP Response**

Because the State reported less than 100% compliance for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2019 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2018 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 2019 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 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018.

### **8C - Required Actions**

## Indicator 9: Resolution Sessions

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

### 9 - Indicator Data

#### Not Applicable

**Select yes if this indicator is not applicable.**

NA

**Provide an explanation of why it is not applicable below.**

NJEIS uses the Part C Due Process Hearing procedures in accordance to 34 CFR §303.435-§303.438. These procedures do not include resolution sessions.

**Select yes to use target ranges.**

NA

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

NA

**Provide an explanation below.**

NA

#### Prepopulated Data

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

#### Targets: Description of Stakeholder Input

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 2018 SPP/APR was developed with broad stakeholder input obtained at a January 7, 2020 Part C Steering Committee meeting. This included review of data for fiscal year 2018 (July 1, 2018 - June 30, 2019) and setting targets for FFY 2019. 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 2014-2019. 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 24, 2020 SICC meeting at which time the SICC certified the FFY 2018 SPP/APR as their annual report.

NA

#### Historical Data

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

#### Targets

FFY	2018	2019

Target>=	NA	NA
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**FFY 2018 SPP/APR Data**

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

**Targets**

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

**FFY 2018 SPP/APR Data**

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

**Provide reasons for slippage, if applicable**

NA

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

NA

**9 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

**9 - OSEP Response**

OSEP notes that this indicator is not applicable.

**9 - Required Actions**

## Indicator 10: Mediation

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

### 10 - Indicator Data

#### Select yes to use target ranges

Target Range not used

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

NO

#### Provide an explanation below

#### Prepopulated Data

Source	Date	Description	Data
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1 Mediations held	1
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1.a.i Mediations agreements related to due process complaints	1
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1.b.i Mediations agreements not related to due process complaints	0

#### Targets: Description of Stakeholder Input

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 2018 SPP/APR was developed with broad stakeholder input obtained at a January 7, 2020 Part C Steering Committee meeting. This included review of data for fiscal year 2018 (July 1, 2018 - June 30, 2019) and setting targets for FFY 2019. 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 2014-2019. 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 24, 2020 SICC meeting at which time the SICC certified the FFY 2018 SPP/APR as their annual report.

#### Historical Data

Baseline	2005	100.00%			
FFY	2013	2014	2015	2016	2017
Target>=					
Data			100.00%	100.00%	100.00%

#### Targets

FFY	2018	2019
Target>=		

#### FFY 2018 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
		1	100.00%			N/A	N/A

**Targets**

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

**FFY 2018 SPP/APR Data**

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

**Provide reasons for slippage, if applicable**

XXX

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

Targets were not set for this indicator because the total number of mediations received in FFY 2018 (2018-2019) was one (1).

**10 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

**10 - OSEP Response**

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

**10 - Required Actions**

## **Certification**

### **Instructions**

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

#### **Certify**

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

#### **Select the certifier's role**

Lead Agency Director

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

#### **Name:**

Susan Evans

#### **Title:**

Acting Part C Coordinator

#### **Email:**

susan.evans@doh.nj.gov

#### **Phone:**

6097777734

#### **Submitted on:**