

Minnesota: FFY 2010



**Minnesota Part C
Annual Performance Report
FFY 2010
(July 1, 2010 – June 30, 2011)**

Part C State Annual Performance Report (APR) for FFY 2010

Overview of the Annual Performance Report Development:

The Governor's Interagency Coordinating Council (ICC) supported staff from the Minnesota Department of Education (MDE) in the development of the FFY 2010 APR. For prior APR submissions, a subcommittee of the ICC has played a key role in the development of the APR. The timing of appointments made to the ICC made it impossible to utilize a subcommittee. Therefore, the full ICC reviewed performance on all indicators and recommended revised targets for established extended targets for Indicators 2 and 4. During the ICC meeting in January 2012, the following steps were taken:

- A draft APR was sent to ICC members for review.
- Performance data was reviewed for each of the indicators.
- Activities were reviewed.
- Targets were revised for Indicators 2 and 3.
- Progress and slippage were discussed.
- Final approval of the APR was granted.

Data included in the APR came from five primary sources: (1) the Minnesota Automated Reporting Student System (MARSS), (2) Minnesota's 618 data submitted during the reporting year, (3) monitoring data, (4) the Family Outcomes Survey, and (5) the ECSE Outcomes online data system that allows MDE to collect data for indicator 3 for all applicable children served under Part C.

State staff charged with responsibility for the annual development of the APR received invaluable technical assistance from the North Central Regional Resource Center, the National Early Childhood Technical Assistance Center (NECTAC), the Data Accountability Center (DAC), and the Early Childhood Outcomes Center (ECO).

The FFY 2010 APR will be posted on the newly developed MDE website and notices will be sent to stakeholders about the posting. It will be available under the heading of School Support > Early Learning Program Support > Part C/Preschool Special Education. The state Performance Plan has been revised as required and is posted in the same location on the MDE website.

The department also posts the performance of local educational agencies (LEAs/early intervention program sites) on its website each year. The Early Childhood District Data Profiles can be accessed through the Data Center on the new website by choosing Data Reports and Analytics. Local performance is not reported to the public in instances where cell sizes are small and the publication of the data would result in the disclosure of personally identifiable information about individual children or where the data is insufficient to yield statistically reliable information. Many of the state's LEAs serve a small population and it is not possible to report

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the data. In these instances, reporting of data will be done jointly with other LEAs in larger administrative units, such as special education cooperatives. They are referred to as Special Education Administrative Units (SEAUs). The data profiles will be posted in March 2012. Training will be provided for local staff on accessing and utilizing their data in program improvement. MDE is partnering with the Data Accountability Center (DAC) on a State/Local Data Analytic Partnership to build advanced skills across six programs competitively selected.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

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

Measurement:

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

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

Measurable and Rigorous Target

FFY 2010: 100%

Actual Target Data for FFY 2010:

- a. Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner: 525
- b. Total number of infants and toddlers with IFSPs: 538

Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner (Percent = [(a) divided by (b)] times 100): 98%

Method used to collect data for Indicator 1.

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

As part of the record review, a computer-generated sample determines the student records to be reviewed. Records are selected from the most recent SEAU enrollment data and are chosen to be accurately representative of the SEAU as a whole. Selection is based on a stratified

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random sampling with consideration given to race/ethnicity, age, gender, and primary disability of the student. During the record review, the most current Evaluation Report (ER), Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) and corresponding due process documentation are monitored to determine that legal standards are met.

Data for this indicator are gathered from examining records of children receiving Part C services and determining whether the services were provided in a timely manner.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

Improvement Activities Completed

During FFY 2010, MDE staff continued provided training on the use of the web-based system for reporting individual student non-compliance to districts in either the self-review or the MDE-review phases of the monitoring cycle. The training has been streamlined and a training team formed to ensure consistent training. MDE has also increased the verification component of the training. During this portion of the training, MDE staff verifies the results of records reviewed by SEAU staff. This process ensures SEAU staff members fully understand the legal requirements and accurately cite noncompliance. As of the close of FFY 2010, representative staff members from each SEAU have participated in the training at least once. MDE has posted the training modules on the MDE website in the form of a WebEx to allow greater access to the training materials for all SEAUs. MDE will continue annual training as a key component to the state's general oversight responsibilities. MDE also plan to continue ongoing verification of SEAU self-review procedures.

Improvement Activities	Timelines	Resources
<p>Communicate Part C Standards. Minnesota trains SEAU staff during the year of scheduled self-review or MDE review. Part C Standards are emphasized as a component of the training process, focused specifically on review of individual student records for determination of compliance. Verification of the application of Part C Standards is completed by MDE Monitoring staff for each SEAU. In addition, MDE has posted a number of Question and Answer documents on the state website, specifically addressing issues of Part C compliance, including the timeline requirements as related to year-round service delivery.</p> <p><i>Update:</i> SEAUs scheduled for MDE review or self-review in FFY 2010 were trained during that school year. SEAUs scheduled for self-review or MDE review during FFY 2011 were trained in the late summer and fall of 2011. A training team continually improves the training in response to feedback from attendees and to ensure consistency. At this time, representatives from all SEAUs have attended the training at least once. Training of SEAUs will continue as a critical component of the state's general oversight responsibility. MDE has received positive comments regarding the benefits of the training and the ease of use of the web-based system. MDE has also posted the training</p>	2006-2013	MDE Compliance and Monitoring Staff

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Improvement Activities	Timelines	Resources
materials on the MDE website in the form of a WebEx to allow greater access to the materials for all SEAUs.		
<p>Update the MNCIMP web-based system to include system for ordering and tracking CAPs. MDE has added components to the MNCIMP web-based system for documenting CAPs, the means by which they are ordered, the specific regulatory reference which must be addressed, the dates when issued and when due, and the approval of the CAP and the evidence of completion. MDE is continuing to modify and update the system to make it more user-friendly and ensure that MDE is getting the information needed to accurately track the ordering and completion of CAPs so that noncompliance is corrected as soon as possible, but in no case more than one year from the identification.</p> <p><i>Update:</i> The CAP component of the MNCIMP web-based system is functioning and being used to track CAPs. Weekly updates are provided to staff to ensure timeliness of correction. A few changes have been made to the functioning of the system and MDE will continue to modify the system as needed to improve functionality.</p>	2009-2013	<p>MDE Compliance and Monitoring Staff</p> <p>MDE Information Technology Staff</p>
<p>Train SEAUs on the new requirements for CAPs and how the CAPs will be ordered and tracked through the MNCIMP web-based system. As part of the MDE trainings for those SEAUs in either the MDE review or self-review year of the monitoring cycle, MDE has added information on when and how CAPs will be ordered, the expectations of the CAPs and approval process for the CAP, both the plan itself and the evidence of completion.</p> <p><i>Update:</i> As part of the FFY 2010 and FFY 2011 training cycles, SEAUs were provided training on the development of CAPs. A CAP Development Guide was also created to serve as a quick reference for SEAUs when developing their CAPs. MDE will continue to train SEAUs on the CAP requirements.</p>	2010-2013	MDE Compliance and Monitoring Staff

Explanation of Progress or Slippage

Minnesota reports slippage from the FFY 2009 rate of 98.8 percent to the FFY 2010 rate of 97.6%. This represents a decrease of 1.2 and does not meet the FFY 2010 target of 100 percent.

The FFY 2010 data are based on MDE reviews and SEAU self-review of 127 total SEAUs. The occurrence of non-timely initiation of services was found in 11 SEAUs. Ten of the SEAUs each had only one individual student file that did not demonstrate timely initiation of services. The remaining SEAU had three individual student files that did not demonstrate timely initiation of services.

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A total of 13 individual student records were found noncompliant with timely initiation of services. All but one of the occurrences of noncompliance reported in this indicator were found to be due to SEAU issues and most appeared to be simply lacking documentation in the student record of when services were initiated. In one record, the services were delayed, but it was noted that the delay was a result of a delay in contacting and obtaining parental consent

Correction of FFY 2009 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) state reported for FFY 2009 for this indicator: 98.8%

1. Number of findings of noncompliance the state made during FFY 2009 (the period from July 1, 2009, through June 30, 2010): 20
2. Number of FFY 2009 findings the state verified as timely corrected (verified as corrected within one year from the date of notification to the EIS program of the finding): 20
3. Number of FFY 2009 findings not verified as corrected within one year [(1) minus (2)] 0

Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above): 0
5. Number of FFY 2009 findings the state has verified as corrected beyond the one-year timeline ("subsequent correction"): 0
6. Number of FFY 2009 findings not verified as corrected [(4) minus (5)]: 0

Actions if Noncompliance Not Corrected:

All findings of noncompliance have been corrected.

Verification of Correction of FFY 2009 noncompliance or FFY 2009 findings (either timely or subsequent):

OSEP Memo 09-02 requires the state to verify that each SEAU with noncompliance reflected in the FFY 2009 data the state reported for this indicator: (1) is correctly implementing 34 CFR §§ 303.340(c), 303.342(e), and 303.344(f)(1) (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 SEAU.

MDE's review of the data for Indicator 1 showed that for all of the records found in noncompliance for the initiation of services not being timely, that services were ultimately initiated, although untimely. For any other noncompliance identified in the records, SEAUs are required to submit corrected documentation until it is approved by MDE. If the student is no longer within the jurisdiction of the SEAU, the SEAU must submit to MDE the reason (moved, for example) and the date of the occurrence to release the SEAU from further demonstration of correction for that specific student. Based on a review of the data, MDE verified all of the

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records with identified noncompliance had been corrected, unless the child is no longer within the jurisdiction of the SEAU, consistent with OSEP Memo 09-02.

In addition to requiring the correction of the individual student record noncompliance for all records, in order to verify that SEAUs are now correctly implementing 34 CFR §§ 303.340(c), 303.342(e), and 303.344(f)(1) (i.e., achieved 100 percent compliance), MDE required SEAUs to complete CAPs to address systemic noncompliance. MDE has reviewed additional data from subsequent student record reviews conducted as part of an on-site review by MDE or by the SEAU as part of their CAP. Four hundred four additional records have been subsequently reviewed to verify that the SEAUs are now correctly implementing 34 CFR §§ 303.340(c), 303.342(e), and 303.344(f)(1).

Describe the specific actions that the state took to verify the correction of findings of noncompliance identified in FFY 2009:

All record review data from FFY 2009 was collected through MDE’s Minnesota Continuous Improvement Monitoring Process (MNCIMP) web-based data system. Once noncompliance is identified, it is tracked through the same web-based data system which includes a compliance tracking system. MDE verified that all services have been initiated, although deemed untimely, so no further action was required to correct the individual student record. In addition, SEAUs were required to develop CAPs, with a subsequent review of student records, in order to demonstrate the SEAU is now correctly implementing 34 CFR §§ 303.340(c), 303.342(e), and 303.344(f)(1). SEAUs submitted Letters of Assurance along with information on the student records that were reviewed, assuring that the SEAU is now in compliance.

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

Statement from the Response Table	State Response
Because the state reported less than 100% compliance for FFY 2009, the state must report on the status of correction of noncompliance reflected in the data the state reported for this indicator.	Data on the status of correction of noncompliance is described in Indicator 9 as well as the sections above: Correction of FFY 2009 Findings of Noncompliance, Actions Taken if Noncompliance Not Corrected, Verification of Correction (either timely or subsequent), and Describe the specific actions that the state took to verify the correction of findings of noncompliance identified in FFY 2009.
If the state does not report 100% compliance in the FFY 2010 APR, the state must review its improvement activities and revise them, if necessary.	the state has reviewed its improvement activities. A new activity has been added and is described in the section below: Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (if applicable).
When reporting the correction of noncompliance, the state must report, in its FFY 2010 APR, that it	This is reported under the above sections: Verification of Correction (either timely or

Statement from the Response Table	State Response
<p>has verified that each EIS program with noncompliance reflected in the data the state reported for this indicator: (1)) is correctly implementing 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has initiated services, although late, for any child whose services were not initiated in a timely manner, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02. In the FFY 2010 APR, the state must describe the specific actions that were taken to verify the correction.</p>	<p>subsequent) and Describe the specific actions that the state took to verify the correction of findings of noncompliance identified in FFY 2009.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

No changes or revisions have been made to the proposed targets, timelines, or resources for FFY 2011. A review was conducted of improvement activities for Indicator 1 and a new improvement activity was added.

Improvement Activities	Timelines	Resources
<p>MDE has revised the MNCIMP web-based system record review screens in order to collect more specific data related to this indicator. The changes were implemented during FFY 2011 and will expedite collection and analysis of data for this indicator.</p>	<p>2011-2013</p>	<p>MDE staff from Compliance and Monitoring</p>

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

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

Measurement:

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

Measurable and Rigorous Target

FFY 2010: 96%

Actual Target Data for FFY 2010:

Minnesota’s early intervention programs served 95.35 percent of eligible infants and toddlers in natural environments on December 1, 2010.

A total of 5,013 infants and toddlers were included in the annual count of children in FFY 2010. Of those children, 4,624 received early intervention services at home. An additional 156 children received services in community-based settings such as child care, Early Head Start or Early Childhood Family Education. Only 233 children received services in settings that would not be considered “natural” for infants or toddlers. Further analysis of Minnesota’s performance shows that the likelihood of service in a non-natural environment increases directly with the age of the child as shown in Table 2.1 below.

Table 2.1: Infants and Toddlers Served Primarily in Natural Environment by Age on 12/1/2010

Age of Child on 12/1/2010	Percent primarily receiving early intervention services in the home or community based setting
<1	99.2%
1	98.5%
2	92.9%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

Efforts to promote and monitor for the provision of services in natural environments are ongoing. PACER is a source of information to families as is the *Help Me Grow* page at www.mnparentsknow.info

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Minnesota failed to achieve the established target for this indicator. Due to years of strong performance on this indicator in prior years, the Minnesota ICC recommended an increase in this target through a revision to the state Performance Plan, submitted with the FFY 2009 APR. The state reports slippage from the revised target by 0.65 percent. OSEP communicated through the response to our FFY 2009 APR that because “the state’s actual target data for provision of services to infants and toddlers in natural environments are at or greater than 95 percent. There is no expectation that an increase in that percentage is necessary.”

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

MDE proposes to add one improvement activity to this indicator. The opportunity to participate with DAC in the state/Local Data Analytic Partnership project presented itself recently and has potential impact on future performance on this indicator for the state and participation local programs.

Revisions to Targets: Based on comments included in OSEP’s response to Minnesota’s FFY 2009 APR the ICC has recommended targets for FFY 2011 and 2012 be adjusted downward to 95 percent.

Improvement Activities	Timelines	Resources
Partner with the Data Accountability Center on the state/Local Data Analytic Partnership Project. The primary purpose of this national pilot project is to build and support sustainable state and local partnerships in the use of data to improve results for children and youth with disabilities and their families.	2011-2013	MDE staff from Early Learning Services and the Data Accountability Center (DAC)

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

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

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

Measurement:

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes (use for FFY 2009-2010 reporting):

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

Measurement for Summary Statement 1: Percent = $\# \text{ of infants and toddlers reported in progress category (c) plus } \# \text{ of infants and toddlers reported in category (d) divided by } [\# \text{ of infants and toddlers reported in progress category (a) plus } \# \text{ of infants and toddlers reported in}$

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progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

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

Measurement for Summary Statement 2: Percent = # of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

Measurable and Rigorous Targets and Actual Target Data for FFY 2010:

A total of 2,271 children were included in the calculation of this indicator. Each child exited services between July 1, 2010 and June 30, 2011 after a minimum of 6 months' service in Minnesota's Part C system. The distribution of these children across progress categories for each outcome is displayed in Table 3.1 immediately below. Minnesota's performance as measured by Summary Statements compared to established targets is displayed in Table 3.2.

Table 3.1: Distribution of children across progress categories by outcome

Progress Category	Description	Outcome A	Outcome B	Outcome C
A	Percent of infants and toddlers who did not improve functioning	1.47% (40/2721)	1.32% (36/2721)	1.54% (42/2721)
B	Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	28.81% (784/2721)	28.85% (785/2721)	26.75% (728/2721)
C	Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	25.43% (692/2721)	28.59% (778/2721)	26.09% (710/2721)
D	Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	26.13% (711/2721)	26.46% (720/2721)	29.00% (789/2721)
E	Percent of infants and toddlers who maintained functioning at a level comparable to same-age peers	18.16% (494/2721)	14.77% (402/2721)	16.61% (452/2721)

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

Summary Statements	FFY 2010 Target	FFY 2010 Actual
Outcome A Summary 1: Of those infants and toddlers who entered or exited early intervention below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	64%	63%
Outcome A Summary 2: The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program.	42%	44%
Outcome B Summary 1: Of those infants and toddlers who entered or exited early intervention below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program. .	66%	65%
Outcome B Summary 2: The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program.	43%	41%
Outcome C Summary 1: Of those infants and toddlers who entered or exited early intervention below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	68%	66%
Outcome C Summary 2: The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program.	45%	46%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

Minnesota implements the Child Outcome Summary Form (COSF) and process as developed by the Early Childhood Outcome Center (ECO) since 2006. Children rated as 6 or 7 on the COSF scale are deemed to be meeting developmental expectations for same-age peers. District IFSP teams use multiple sources of information to inform their COSF ratings including information reported by parents, teacher observations and any of the evaluation and

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assessment tools that have been cross-walked by ECO. MDE collects data on each child receiving early intervention for six months or more. Data are collected by local programs throughout the year and reported to MDE annually through a web-based application.

MDE collaborated with ECO and with NECTAC throughout the development of our state’s child outcome measurement system. During FFY 2010, Minnesota concluded its participation as an ECO Framework state. In March 2011, Kathy Hebbeler of the ECO center conducted three workshops targeting different stakeholders in Minnesota’s child outcome measurement system: practitioners, local early intervention leaders, local directors of special education.

Minnesota achieved the established Summary Statement Two targets for Outcomes A and C. While the state did not achieve a single Summary Statement One target, the margin of slippage from the established targets for Outcomes A, B and C was a mere 1%, 1% and 2% respectively. In spite of achieving only one-third of established targets, it can be said that infants and toddlers made progress. The average increase in COSF rating between entrance and exit was 0.87 for Outcome A, 0.97 for Outcome B and 1.08 for Outcome C.

Improvement activities continue to focus on both the quality of data as well as the quality of intervention. Minnesota annually publishes a COSF “pattern checking” document to facilitate the examination by local program staff of the predictability of patterns within their entrance ratings, exit ratings, progress categories and summary statements. Using this data, MDE staff members continue to work with early childhood special education teams across the state to enhance the accuracy of their COSF ratings. Efforts to improve the quality of early interventions are ongoing. Minnesota’s regionalized system of professional development called the Centers of Excellence is in its second year. Each “center” employs at least a .5 FTE professional development facilitator to conduct ongoing needs assessment and work across early childhood sectors to meet identified professional development needs. The first of several envisioned training cadres have been initiated focused on family-guided routines-based intervention, social emotional intervention, and more effectively identifying and meeting the needs of infants and toddlers who are culturally or linguistically diverse. The impact of this work should be captured within the outcome measurement system in the near future.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

MDE adds one improvement activity to this indicator. The opportunity to participate with DAC in the state/Local Data Analytic Partnership project presented itself recently and has potential impact on future performance on this indicator for the state and participation local programs.

Improvement Activities	Timelines	Resources
Partner with the Data Accountability Center on the state/Local Data Analytic Partnership Project. The primary purpose of this national pilot project is to build and support sustainable state and local partnerships in the use of data to improve results for children and youth with disabilities and their families.	2011-2013	MDE staff and the Data Accountability Center (DAC)

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

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

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

Measurement:

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

Measurable and Rigorous Targets for FFY 2010

- A. Know their rights: 95%
- B. Effectively communicate their children's needs: 90%
- C. Help their children develop and learn: 100%

Actual Target Data for FFY 2010

- A. Know their rights: 84%
- B. Effectively communicate their children's needs: 90%
- C. Help their children develop and learn: 87%

Minnesota implemented the revised version of the ECO Family Outcome Survey (FOS-R) during the reporting year. While a July 1 launch of the FOS-R would have been optimal, we delayed implementation until translated versions of both our cover letter and the survey were available to local programs. Therefore, the analysis of the FFY 2010 performance includes 260 responses on the original ECO Family Outcome Survey and 499 responses on the FOS-R. Responses of five, six or seven on the original version indicated adequate achievement of the outcome. Guidance provided by ECO was carefully followed since the FOS-R contains more than one item for each of the OSEP helpfulness indicators. As recommended, a mean score

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was calculated for each indicator for each returned survey. If the mean score for a family was 4.0 or above, then that family was determined to have received enough support to have met that indicator.

The responses were assessed to determine representativeness of the data. Weighting factors were applied as shown in Table 4.1. Asian, American Indian/Alaskan Native, multi-racial, and Native Hawaiian/Pacific Islander were most closely represented within the respondents when compared to the pool of potential respondents. Respondents categorized as “White, and not of Hispanic origin” were slightly over-represented. Those who were Black/African American or Hispanic/Latino were slightly under-represented.

Table 4.1: Potential and actual respondents and calculated weighting by racial category

	Asian	Black	Hispanic	American Indian/Alaska Native	Multi-racial	Native Hawaiian/Pacific Islander	White
Potential Respondents	99	251	273	58	80	7	1976
Responses Received	27	36	61	14	17	2	602
Calculated Weighting Factor	1.014	1.929	1.238	1.146	1.302	0.968	0.908

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

As previously stated, MDE implemented the revised FOS during the reporting year. The survey and corresponding cover letter have been translated into 13 languages. MDE continued to include this indicator as an area of Program Evaluation within the web-based MNCIMP system. Participating SEAU's review their performance on the three outcomes compared to statewide performance and the state targets established by the ICC. MDE provides an individualized response rate for each SEAU. Any SEAU with a rate lower than 50 percent must develop an action plan that includes strategies specific to increasing that local rate. A training and implementation cadre, led by Dr. Juliann Woods, focused on family-guided routines-based intervention, an evidence-based strategy to improve child outcomes by supporting each family to help their child develop and learn. PACER uses multiple modalities including face-to-face workshops, print materials and web-based resources to provide information to families of infants and toddlers with disabilities. During the reporting year, they completed an information brochure on the rights of parents as children transition from Part C to Part B. This resource was translated into multiple languages and was posted to the PACER website.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

Minnesota: FFY 2010

Following a review of trend data, current performance and established targets, the ICC voted to revise the targets for Outcome C, “Help Their Children Develop and Learn” from 100 percent to 92 percent for FFYs 2011 and 2012. The ICC discussion highlighted the importance of targets that were adequately robust but attainable. Coming into compliance with the 2011 Part C regulations requires revisions to be made to Minnesota’s Part C Parents’ Rights and Procedural Safeguards document.

Improvement Activities	Timelines	Resources
Revise “Parents’ Rights and Procedural Safeguards” document to comply with 2011 Part C regulations. Make revised document available in multiple languages on MDE website	By July 1, 2012	MDE’s cross-division team

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

Measurement:

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

Measurable and Rigorous Target:

FFY 2010: 0.85%

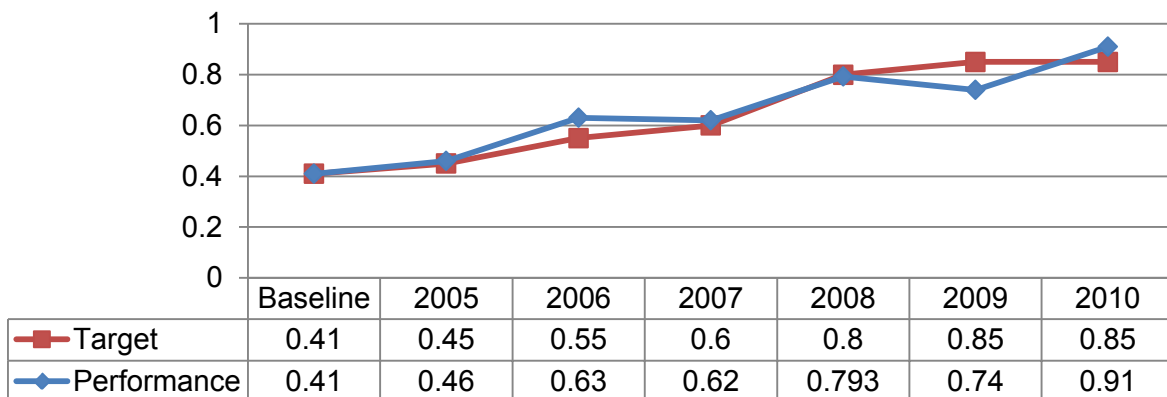
Actual Target Data for FFY 2010:

As provided by the U.S. Department of the Census, there were 69,008 infants and toddlers birth to age 1 in Minnesota on December 1, 2010. Of those, 629 received services through an IFSP. [Measurement: $629/69,009 = 0.0091 \times 100 = 0.91\%$] Minnesota serves proportionately fewer infants than the 1.03 percent national rate.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

During the reporting year, many improvement activities were completed. The online reporting system was heavily promoted across primary referral sources. The local interagency system was consolidated, decreasing the number of local Interagency Early Intervention Committees from 96 to 12. The Minnesota Department of Health (MDH) has provided technical assistance to SEAU's regarding conditions with a high probability of resulting in developmental delay or disorder. MDH has also conducted targeted outreach to health care professionals. Minnesota is proud to report progress on this indicator, exceeding our established target by 0.06 percent. Progress over time is documented on Figure 5.1 below.

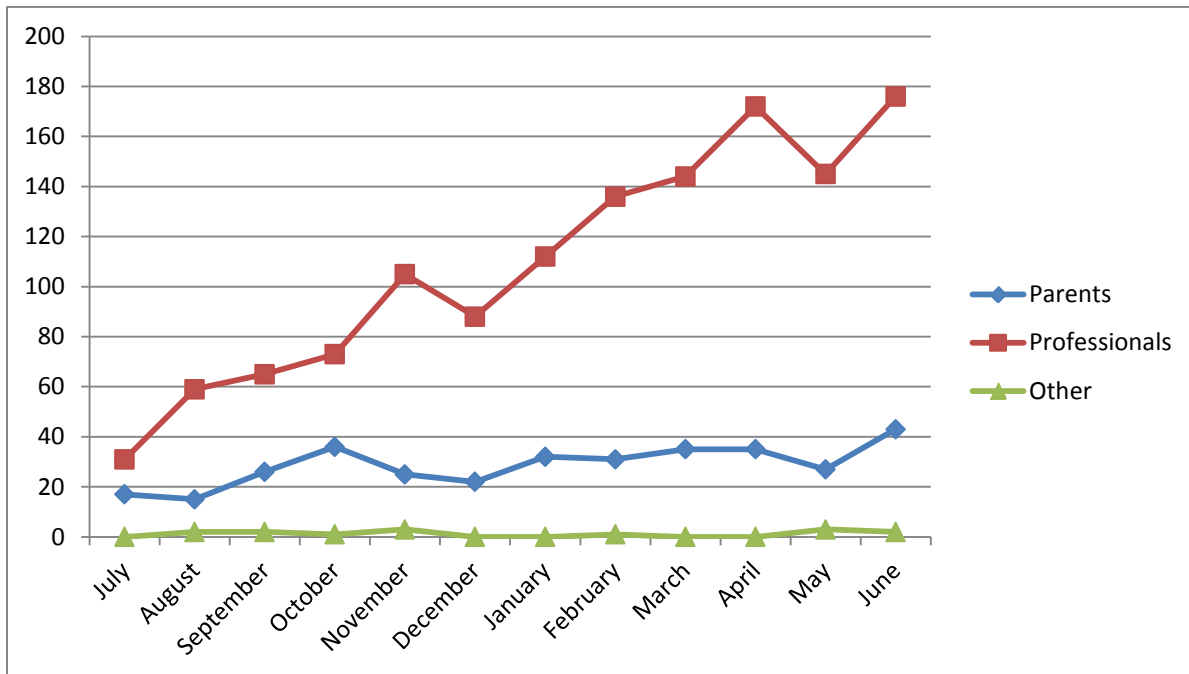
Figure 5.1: Percent of Minnesota infants served from FFY 2004 - 2010 compared to established targets



Minnesota: FFY 2010

The impact of public awareness and outreach efforts recently implemented are having measurable impact. Most notably, Minnesota has established an online referral portal to make it easier for primary referral sources, especially physicians, to make referrals through *Help Me Grow*, the public image of the state's early intervention system. The number of referrals received through this portal increases monthly as shown on Figure 5.2 below. This figure only includes referrals received by MDE and does not include referrals received directly by the SEAUs.

Figure 5.2: Referrals received in FFY 2010 by MDE through *Help Me Grow* online and phone options*



Billboards, bus placards, ads inserted among movie trailers in theaters, other public service announcements, pod-casts and the *Watch Me Grow* scrapbook help to inform parents and the public of services available through *Help Me Grow* and simple ways to make referrals.

Minnesota has made remarkable progress in efforts to identify and serve infants under age 1 since the state Performance Plan was first submitted as demonstrated by Figure 5.1. The most dramatic increase occurred between FFY 2007 and FFY 2008 when the number of infants served by the state's programs increased from 450 to 583. This represented a year-to-year increase of almost 30 percent. MDE attributed this to full understanding of the revised eligibility criteria by primary referral sources and members of initial evaluation teams paired with improved outreach. Since the baseline for this indicator was established in FFY 2004, Minnesota's performance has increased by .5 percent (from 0.41 percent to .91 percent). The national average has increased by only .11 percent (from .92 percent to 1.03 percent) during the same window of time. The improvement in performance shown by Minnesota on this indicator is more than three times greater.

Minnesota: FFY 2010

During FFY 2010, Minnesota made significant changes in the local interagency system and reduced the number of local Interagency Early Intervention Committees (IEICs) from 96 to 11 regional committees. These regional groups have a renewed focus on public awareness and outreach and receive 10 percent of the state's federal allocation to perform regional child find activities as part of a statewide system.

Revisions, with Justification, to Proposed Targets / Improvement Activities /

Timelines / Resources for FFY 2011: Minnesota is a proud recipient of grant through the recent Race to the Top: Early Learning Challenge. Activities will be carefully coordinated across initiatives. The release of the 2011 Part C regulations means we must revise our central directory and information provided to primary referral sources to come into compliance.

Improvement Activities	Timelines	Resources
Improve delivery of development screening by implementing online versions of ASQ and ASQ-SE for use by parents of and providers of service to children with high needs.	2012 and beyond	Race to the Top and Part C resources
Revise Minnesota's Central Directory of early intervention services to meet requirements of 34 CFR 303.177.	2012 and beyond	MDE Staff
Develop training modules for primary referral sources that clearly describe how to make a referral and their obligation to refer as soon as possible but in no case more than seven days after identification as per 34 CFR 303.303(a)(2)(i).	2012 and beyond	MDE Staff

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement: Percent = [(# of infants and toddler birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to national data.

Measureable and Rigorous Target

FFY 2010: 2.3%

Actual Target Data for FFY 2010:

As provided by the U.S. Department of the Census, there were 211,087 infants and toddlers birth to age 3 in Minnesota on December 1, 2010. Of those, 5,013 received services through an IFSP. [Measurement: 5,013/211,087 = 0.0237 x 100 = 2.37 percent] Minnesota serves proportionately fewer infants and toddlers than the 2.82 percent national rate.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

Minnesota is proud to report progress on this indicator, out-performing our established target by seven one-hundredths of a percent.

Figure 6.1: Percent of Minnesota infants and toddlers served from FFY 2004 to FFY 2010 compared to established targets.

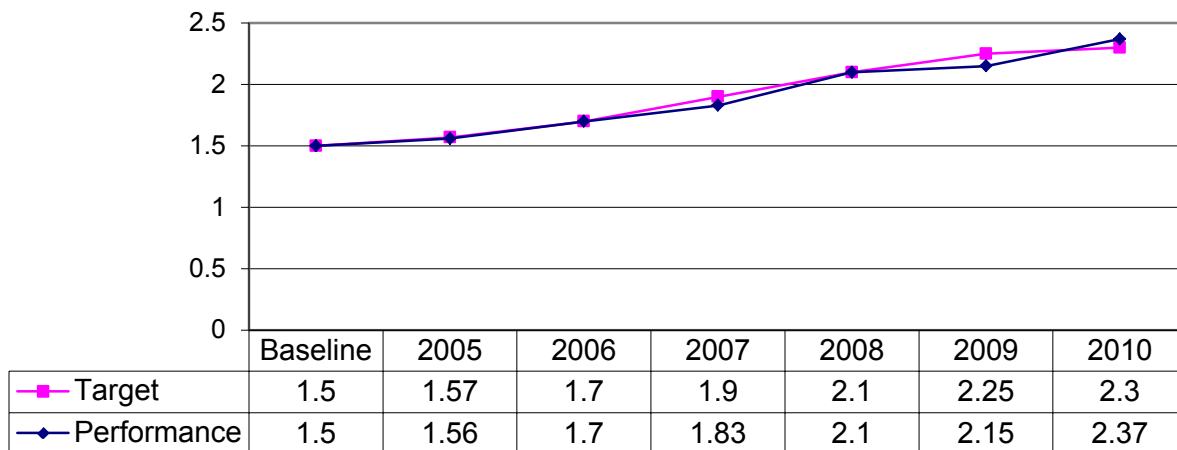


Figure 6.1 (above) documents Minnesota’s progress in the identification and service of infants and toddlers with disabilities over the past seven years. Minnesota’s performance in FFY 2010 represents 1.58 percent of our baseline performance whereas national performance in FFY 2010 represents only 1.23 percent of baseline. Minnesota has made progress on this indicator at a much more rapid rate than the country as a whole. We attribute this to the broadening of our eligibility criteria and the impact of public awareness and outreach efforts. Those efforts are discussed in greater detail in Indicator 5.

Minnesota: FFY 2010

Revisions, with Justification, to Proposed Targets / Improvement Activities /

Timelines / Resources for FFY 2011: Minnesota is a proud recipient of a grant through the recent Race to the Top: Early Learning Challenge. Activities will be carefully coordinated across initiatives. The release of the 2011 Part C regulations means we must revise our central directory and information provided to primary referral sources to come into compliance.

Improvement Activities	Timelines	Resources
Improve delivery of development screening by implementing online versions of ASQ and ASQ-SE for use by parents of and providers of service to children with high needs	2012 and beyond	Race to the Top and Part C resources
Revise Minnesota's Central Directory of early intervention services to meet requirements of 34 CFR 303.177.	2012 and beyond	MDE Staff
Develop training modules for primary referral sources that clearly describe how to make a referral and their obligation to refer as soon as possible but in no case more than seven days after identification as per 34 CFR 303.303(a)(2)(i).	2012 and beyond	MDE Staff

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

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

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

Measurable and Rigorous Targets

FFY 2010: 100%

Actual Target Data for FFY 2010:

$(412 \div 454) \times 100 = 90.7\%$

Describe the Method Used to Collect Data

Data for this indicator is collected through the Minnesota Continuous Improvement Monitoring Process (MNCIMP) web-based data system. The MNCIMP web-based data system is used in part for gathering data from record reviews completed as part of compliance monitoring. Compliance monitoring of Early Intervention (EI) programs occurs through the monitoring of special education administrative units (SEAs) scheduled on a five-year cycle. In the first year of the cycle, the SEA conducts a self-review of records. In the second year, the SEA must demonstrate correction of any noncompliance identified in the self-review consistent with the requirements of OSEP Memo 09-02. In the third year, MDE conducts an on-site review of the SEA including a review of early intervention records. In the fourth year of the cycle, the SEA must demonstrate correction of noncompliance identified during the MDE review and implement any corrective action, again consistent with the requirements of OSEP Memo 09-02. The fifth year of the cycle is used to verify results of the implemented corrective action plan. In any given year, data is collected through the self-review of records for 20 percent of the SEAs in Minnesota.

As part of the record review, a computer-generated sample is used to determine the early intervention records to be reviewed. Records to be monitored are selected from the most recent district enrollment data. Files selected for review are chosen so as to be an accurate representation of the district as a whole. Selection is based on a stratified random sampling with consideration given to race/ethnicity, age, gender, and primary disability of participating infants and toddlers. During the record review, the most current due process documentation is monitored to determine that legal standards are met.

Data for this indicator is gathered from looking at all the files with documented parental consent for an evaluation completed within the district. Noncompliance is identified for this indicator

Minnesota: FFY 2010

when the evaluation and assessment and IFSP team meeting were not conducted within Part C's 45-day timeline.

A total of 454 files documenting Part C evaluations that took place between July 1, 2010 and June 30, 2011 were reviewed. Four hundred twelve files included evaluations or IFSP meetings conducted between July 1, 2010 and June 30, 2011 which were found to be timely (343) or were untimely due to exceptional child/family circumstances (69). Therefore, the performance for FFY 2010 was 90.7 percent.

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

- a. Number of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline: 412
- b. Number of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted: 454

Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline (Percent = [(a) divided by (b)] times 100) = 91 percent.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

Improvement Activities Completed

During FFY 2010, MDE staff provided training to SEAUs in either the self-review or the MDE-review phase of the monitoring cycle. Participants were trained to use the web-based system for reporting individual student noncompliance data. The training has been continually improved in response to input from attendees and a training team formed to ensure consistent training. MDE has also increased the verification component of the training in which MDE staff verifies the results of records reviewed by SEAU staff. This process ensures SEAU staff fully understands the legal requirements and accurately cite noncompliance. MDE has posted WebEx training modules on the MDE website to allow greater access to the training materials to all SEAUs. MDE is also planning on continuing annual training in an effort to keep SEAUs informed and continue the verification of SEAU self-review procedures. Concurrently, representatives of the Division of Early Learning Services conduct local and regional training initiatives targeting the requirements of Indicator 7.

Explanation of Progress or Slippage

Minnesota reports progress on Indicator 7 from the FFY 2009 rate of 77.3 percent to the FFY 2010 rate of 90.7 percent. Although this does not meet the FFY 2010 target of 100 percent, this represents an increase of 13.4 percent.

The data collection methods used in FFY 2010 are consistent with those used in compilation of FFY 2009 data and allow for a valid comparison of percentages between these years. The FFY 2010 data are based on MDE reviews and SEAU self-review of 127 local programs.

Minnesota: FFY 2010

In analyzing the identified noncompliance, approximately 25 percent of the programs reviewed were found to have noncompliance in this area. Of those 32 programs in noncompliance, 23 (72 percent) were found to have only one occurrence of individual student noncompliance in this area. Eight programs (25 percent) had two occurrences of individual record noncompliance and one program (3 percent) had three occurrences of noncompliance. No single program had more than three occurrences of noncompliance.

Correction of FFY 2009 Findings of Noncompliance (if State reported less than 100% compliance): Level of compliance (actual target data) State reported for FFY 2009 for this indicator: 77.3 percent

1. Number of findings of noncompliance the state made during FFY 2009 (the period from July 1, 2009, through June 30, 2010) 65
2. Number of FFY 2009 findings the state verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding) 65
3. Number of FFY 2009 findings not verified as corrected within one year [(1) minus (2)]: 0

Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above): 0
5. Number of FFY 2009 findings the state has verified as corrected beyond the one-year timeline ("subsequent correction"): 0
6. Number of FFY 2009 findings not verified as corrected [(4) minus (5)]: 0

Actions Taken if Noncompliance Not Corrected:

All noncompliance has been corrected.

Verification of Correction of FFY 2009 noncompliance or FFY 2009 findings (either timely or subsequent):

OSEP Memo 09-02 requires the state to verify that each local program with noncompliance reflected in the FFY 2009 data the state reported for this indicator: (1) is correctly implementing 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) (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) had conducted the initial evaluation, assessment, and IFSP meeting, although late, for any child for whom the 45-day timeline was not met, unless the child is no longer within the jurisdiction of the SEAU.

MDE's review of the data for Indicator 7 showed that for all of the records found in noncompliance for the evaluation, assessment, and IFSP meeting not being completed within the 45-day timeline, each evaluation, assessment, and IFSP meeting had been completed, although late. When record reviews are completed and data entered into the MNCIMP system, the referral date, date the evaluation is complete, and the date the IFSP meeting held are entered. If a date is missing, indicating the evaluation has not been completed or the meeting has not been held, then MDE requires the district to submit completed evaluation and IFSP meeting documentation to demonstrate the evaluation, assessment, and IFSP meeting has

Minnesota: FFY 2010

been completed, although late. If the child is no longer within the jurisdiction of the SEAU, the SEAU must submit to MDE the reason (moved, for example) and the date of the occurrence to release the program from further demonstration of correction for that specific child. Based on a review of the data, MDE verified all of the evaluations, assessment, and IFSP meetings had been completed and that each SEAU with noncompliance reflected in the data the state reported for this indicator had completed the evaluation, assessment, and IFSP meeting, although late, for any child whose evaluation, assessment, and IFSP meeting was not timely, unless the child is no longer within the jurisdiction of the SEAU, consistent with OSEP Memo 09-02.

In addition to requiring the correction of the individual child record noncompliance for all records, in order to verify that local programs are now correctly implementing 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) (i.e., achieved 100 percent compliance), MDE has reviewed additional data from subsequent child record reviews conducted as part of an on-site review by MDE or by the local program as part of a Corrective Action Plan. Five hundred and fifty-two additional records have been subsequently reviewed to verify that each program is now correctly implementing 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a).

Describe the specific actions that the state took to verify the correction of findings of noncompliance identified in FFY 2009:

All record review data from FFY 2009 was collected through MDE’s Minnesota Continuous Improvement Monitoring Process (MNCIMP) web-based data system. Once noncompliance is identified, it is tracked through the same web-based data system which includes a compliance tracking system. For timelines, the system requires the date of the referral and the date the evaluation is complete and IFSP meeting held be entered into the system. This allows MDE to verify that the evaluations have been completed and meetings held, although they may have been late. If either the date an evaluation is completed or the date the meeting is held is not documented, MDE requires the SEAU to submit the completed evaluation and IFSP meeting documentation. If the child is no longer within the SEAU’s jurisdiction, the SEAU must inform MDE of the reason and date effective before being released from further correction. MDE verified that all of the evaluations and IFSPs identified in FFY 2009 as noncompliant due to not meeting the timeline requirements had been completed, although late, so no further action was required to correct the individual child record. In addition, SEAUs were required to develop Corrective Action Plans (CAPs), with a subsequent review of child records, in order to demonstrate the SEAU is now correctly implementing (20 U.S.C. 1416(a)(3)(B) and 1442). SEAUs additionally submitted Letters of Assurance along with information on the child records that were reviewed, assuring that the district is now in compliance.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011: The release of the 2011 Part C regulations has resulted in the need for additional training to be conducted as described below.

Improvement Activities	Timelines	Resources
In response to the 2011 Part C regulations, training to local programs will include the definition of “multi-disciplinary” as it	2012 and	MDE Staff

Improvement Activities	Timelines	Resources
applies to evaluation and IFSP team membership as defined in 34 CFR 303.24 and information on how to document exceptions to the 45-day timeline described in 34 CFR 303.310(b)(2).	beyond	

Monitoring Priority: Effective General Supervision Part C: Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services;
- B. Notification to LEA, if child potentially eligible for Part B; and
- C. Transition conference, if child potentially eligible for Part B.

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

Measurement:

- A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by the (# of children exiting Part C)] times 100.
- B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition conferences, including reasons for delays.

Measureable and Rigorous Targets

FFY 2010 A: 100% B: 100% C: 100%

Actual Target Data for FFY 2010

8A: Number of children exiting Part C who have an IFSP with transition steps and services (174) divided by the number of children exiting Part C (174) x 100. $174/174 \times 100 = 100\%$

8B: Number of children exiting Part C and potentially eligible for Part B where the notification to the LEA occurred (174) divided by the number of children exiting Part C who were potentially eligible for Part B (174) x 100. $174/174 \times 100 = 100\%$

8C: Number of children exiting Part C and potentially eligible for Part B where the transition conference occurred (158) divided by the number of children exiting Part C who were potentially eligible for Part B (174) x 100. $158/174 \times 100 = 91\%$

Method used to collect data for Indicator 8.

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

As part of the record review, a computer-generated sample is used to determine the child records to be reviewed. Records are selected from the most recent SEAU enrollment data and are chosen in order to be accurately representative of the SEAU as a whole. Selection is based on a stratified random sampling with consideration given to race/ethnicity, age, gender, and primary disability of the child. During the record review, the most current Evaluation Report (ER), Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) and corresponding due process documentation are monitored to determine that legal standards are met.

Data for this indicator are gathered from examining all the files for children with a third or fourth birthday within the reporting period. Data was reviewed to determine which records were reviewed after the child was at least 2 years, 9 months old, which children had previously received Part C services, which children had IFSPs with transition steps and services, and which children had a timely transition conference, if potentially eligible for Part B. The data was also examined to identify children referred to Part C less than 90 days before their third birthday. Because education is the lead agency for Part C in Minnesota, the LEA is always notified of Part C children potentially eligible for Part B given that the LEA provides services for both Part B and Part C.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

Improvement Activities Completed

During FFY 2010, MDE staff provided training to SEAU's in either the self-review or the MDE-review phase of the monitoring cycle. Participants were trained to use the web-based system for reporting individual student noncompliance data. The training has been streamlined and a training team formed to ensure consistent training. MDE has also increased the verification component of the training in which MDE staff verifies the results of records reviewed by SEAU staff. This process ensures SEAU staff fully understands the legal requirements and are

Minnesota: FFY 2010

accurately citing noncompliance. All SEAs will have gone through the training at least once by the end of FFY 2010. MDE has posted the training modules on the MDE website in the form of a WebEx to allow greater access to the training materials to all SEAs. MDE is also planning on continuing annual training as a key component to the state's general oversight responsibilities, and will continue to include ongoing verification of SEA self-review procedures.

Improvement Activities	Timelines	Resources
<p>Provide additional training to IECs and local IFSP teams to promote inclusion of transition activities into IFSPs written or reviewed for children ages 2 years, 3 months to 2 years, 9 months.</p> <p>Update: SEAs are trained according to the monitoring cycle schedule. SEAs scheduled for MDE review or self-review in FFY 2010 were trained during that school year. A training team has been formed to streamline the training and ensure consistency. At this time, representatives from all SEAs have been through the training at least once. Training of SEAs will continue as a critical component of the state's general oversight responsibility. MDE has received many positive comments regarding the benefits of the training and the ease of use of the web-based system. MDE has also posted the training materials on the MDE website in the form of a WebEx to allow greater access to the materials for all SEAs.</p>	2006-2013	MDE C&A Staff
<p>Continue to monitor for the documentation of transition activities. Monitoring reviewed Part C records for transition to Part B requirements. Monitoring will also include Part B 3-year-olds in this element of review.</p> <p>Update: SEAs have been trained on and are using the MNCIMP web-based system for submitting record review data. Record reviews are conducted for both Part B and Part C samples, including 3-year-olds in the Part B sample. The web-based system allows SEAs and MDE staff to view and analyze monitoring data, identify noncompliance, and issue findings in a timely manner. MDE has received many positive comments from SEAs regarding the web-based system.</p>	2006-2013	MDE C&A Staff
<p>Update the MNCIMP web-based system to include system for ordering and tracking CAPs. MDE has added components to the MNCIMP web-based system for documenting CAPs, the means by which they are ordered, the specific regulatory reference which must be addressed, the dates when issued and when due, and the approval of the CAP and the evidence of completion. MDE is continuing to modify and update the system to make it more user</p>	2009-2013	MDE C&A Staff Technology Staff

Minnesota: FFY 2010

Improvement Activities	Timelines	Resources
<p>friendly and to ensure that MDE is getting the information needed in order to be able to accurately track when CAPs are ordered and completed to ensure that all noncompliance is corrected as soon as possible, but in no case more than one year from the identification.</p> <p>Update: The CAP component of the MNCIMP web-based system is functioning and being used to track CAPs. Weekly updates are provided to staff to ensure timeliness of correction. A few changes have been made to the functioning of the system and MDE will continue to modify the system as needed to improve functionality.</p>		
<p>Train LEAs on the new requirements for CAPs and how the CAPs will be ordered and tracked through the MNCIMP web-based system. As part of the MDE trainings for those LEAs in either the MDE Review or Self-Review year of the monitoring cycle, MDE has added information on when and how CAPs will be ordered, the expectations of the CAPs and approval process for the CAP, both the plan itself and the evidence of completion.</p> <p>Update: As part of the FFY 2010 and FFY 2011 training cycles, LEAs were provided training on the development of CAPs. A CAP Development Guide was also created to serve as a quick reference for LEAs when developing their CAPs. MDE will continue to train LEAs on the CAP requirements.</p>	2010-2013	MDE C&A Staff

Explanation of Progress or Slippage

For 8A, Minnesota reports progress from the FFY 2009 rate of 99 percent to the FFY 2010 rate of 100 percent. This represents an increase of 1%. Compliance for 8B remains at 100 percent. Minnesota reports slippage on Indicator 8C from the FFY 2009 rate of 91.6 percent to the FFY 2010 rate of 90.8 percent. This represents a decrease of .8 percent and does not meet the FFY 2010 target of 100 percent. The data collection method used in FFY 2009 and FFY 2010 is the same and the results are fairly similar. The slippage of .8% for 8C is minor. MDE is still fine tuning the data collection and analysis process and can attribute some of the fluctuation in data to revisions in the process. Nonetheless, MDE will continue to strive towards 100% compliance for this indicator.

The FFY 2010 data are based on MDE reviews and SEAU self-review of 127 SEAUs. In analyzing the identified noncompliance, it was found that approximately 12 percent of the SEAUs reviewed were found to have noncompliance in this area. Of those fifteen SEAUs in noncompliance, fourteen (93 percent) were found to have only one occurrence of individual student noncompliance in this area. Only one SEAU (7 percent) had two occurrences of individual student noncompliance. The remaining SEAU had four individual occurrences of

Minnesota: FFY 2010

occurrences of individual student noncompliance. This SEAU is a larger metropolitan district for which a larger number of records are included in the sample.

A total of sixteen individual student records were cited for noncompliance with timely transition conference requirements. All occurrences of individual student record noncompliance reported in this indicator were found to be out of compliance due to SEAU issues. Some of the identified SEAU issues include staffing shortages, staff absences or staff error.

8A Correction of FFY 2009 Findings of Noncompliance:

Level of compliance (actual target data) State reported for FFY 2009 for this indicator: 99 percent

1. Number of findings of noncompliance the state made during FFY 2009 (the period from July 1, 2009, through June 30, 2010) 0
2. Number of FFY 2009 findings the state verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding) 0
3. Number of FFY 2009 findings not verified as corrected within one year [(1) minus (2)] 0

Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above): 0
5. Number of FFY 2009 findings the state has verified as corrected beyond the one-year timeline ("subsequent correction"): 0
6. Number of FFY 2009 findings not verified as corrected [(4) minus (5)]: 0

8B Correction of FFY 2009 Findings of Noncompliance (if State reported less than 100 percent compliance):

Level of compliance (actual target data) State reported for FFY 2009 for this indicator: 100 percent

8C Correction of FFY 2009 Findings of Noncompliance (if State reported less than 100 percent compliance):

Level of compliance (actual target data) state reported for FFY 2009 for this indicator: 92 percent

1. Number of findings of noncompliance the state made during FFY 2009 (the period from July 1, 2009, through June 30, 2010): 13
2. Number of FFY 2009 findings the state verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding): 13
3. Number of FFY 2009 findings not verified as corrected within one year [(1) minus (2)]: 0

Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

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4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above): 0
5. Number of FFY 2009 findings the state has verified as corrected beyond the one-year timeline ("subsequent correction"): 0
6. Number of FFY 2009 findings not verified as corrected [(4) minus (5)]: 0

Actions Taken if Noncompliance Not Corrected:

All findings of noncompliance identified in FFY 2009 have been corrected.

Verification of Correction of FFY 2009 noncompliance or FFY 2009 findings (either timely or subsequent):

For Indicator 8A, although MDE reported less than 100 percent compliance in FFY 2009, findings were not issued in FFY 2009 related specifically to this indicator. In reviewing individual student records, the student's IFSP is reviewed in its entirety for compliance. Noncompliance is identified if any component of the IFSP is not in compliance rather than only in situations where the IFSP does not contain transition steps and services. The noncompliance identified is reported in its entirety in Indicator 9 under the category of IFSP on the Indicator 9 worksheet.

For Indicator 8B, MDE has consistently been at 100 percent. Because education is the lead agency for Part C in Minnesota, the LEA is always notified of Part C children potentially eligible for Part B given that the LEA provides services for both Part B and Part C. There has been no noncompliance identified related to this indicator and hence no correction to verify.

For Indicator 8C, MDE issued 13 findings of noncompliance in FFY 2009. OSEP Memo 09-02 requires the state to verify that each EIS program with noncompliance reflected in the FFY 2009 data the state reported for this indicator: (1) is correctly implementing 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)) (i.e., achieved 100 percent compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a state data system; and (2) had conducted the transition conference, although late, for any child potentially eligible for Part B whose transition conference was not timely, unless the child is no longer within the jurisdiction of the EIS program. MDE's review of the data for Indicator 8C showed that for all of the records found in noncompliance for the transition conference not being completed for any child potentially eligible for Part B that the transition conference has been held, although late. When record reviews are completed and data entered into the MNCIMP system, the IFSP planning meeting date and the previous planning meeting date are entered. If a date is missing, indicating the IFSP planning meeting has not been held, and then MDE requires the district to submit completed IFSP meeting documentation to demonstrate the IFSP meeting has been completed, although late. If the student is no longer within the jurisdiction of the SEAU, the SEAU must submit to MDE the reason (moved, for example) and the date of the occurrence to release the SEAU from further demonstration of correction for that specific student. Based on a review of the data, MDE verified all of the IFSP planning meetings had been completed and that each SEAU with noncompliance reflected in the data the state reported for this indicator had completed the IFSP planning meeting and the transition conference, although late, for any child whose transition conference was not timely, unless the child is no longer within the jurisdiction of the SEAU, consistent with OSEP Memo 09-02.

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In addition to requiring the correction of noncompliance for all individual records, in order to verify that SEAUs are now correctly implementing 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)) (i.e., achieved 100 percent compliance), MDE has reviewed additional data from subsequent child record reviews conducted as part of an on-site review by MDE or by the SEAUs as part of a Corrective Action Plan. A total of 338 additional records have been subsequently reviewed to verify that the local programs are now correctly implementing 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)) (i.e., achieved 100 percent compliance).

Describe the specific actions that the state took to verify the correction of findings of noncompliance identified in FFY 2009:

All record review data from FFY 2009 was collected through MDE's Minnesota Continuous Improvement Monitoring Process (MNCIMP) web-based data system. Once noncompliance is identified, it is tracked through the same web-based data system which includes a compliance tracking system. For timelines, the system requires the date the IFSP planning meeting is held be entered into the system. This allows MDE to verify that the planning meetings have been held, although they may have been late. If the date the meeting is held is missing, MDE requires the SEAU to submit the completed IFSP meeting documentation. If the child is no longer within the SEAU's jurisdiction, the SEAU must inform MDE of the reason and date effective before being released from further correction. MDE verified that all of the records identified in FFY 2009 as noncompliant due to not meeting the timeline requirements for the transition conference did have a transition conference, although late, so no further action was required to correct the individual child record. In addition, SEAUs were required to develop Corrective Action Plans (CAPs), with a subsequent review of child records, in order to demonstrate the SEAU is now correctly implementing (34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)) (i.e., achieved 100 percent compliance). SEAUs submitted Letters of Assurance along with information on the child records that were reviewed, assuring that the district is now in compliance.

Verification of Correction of FFY 2009 noncompliance and Describe the specific actions that the state took to verify the correction of findings of noncompliance identified in FFY 2009 based on FFY 2007 and FFY 2008 data:

Findings were issued in FFY 2009 and SEAUs were ordered to submit CAPs to address the noncompliance. Each SEAU submitted a CAP to MDE for approval. Each CAP included a subsequent review of records by the SEAU, and typically included tracking timelines for a minimum of three months to verify 100 percent compliance. The SEAUs submitted to MDE their evidence of completion which included information on the child records reviewed to verify compliance. MDE reviewed the evidence of completion. If the SEAU was able to demonstrate 100 percent compliance, the SEAU was released from further corrective action. If the SEAU did not demonstrate 100 percent compliance, additional corrective action was ordered, including additional review of child records, in order to verify compliance. For Indicator 8A, 56 findings of noncompliance were identified. For Indicator 8C, 116 findings of noncompliance were identified. Over 100 SEAUs were issued CAPs and over 2000 individual child records were reviewed as part of those CAPs. MDE reviewed the documentation and verified that each SEAU is now correctly implementing 34 CFR §§ 303.148(b)(4) and 303.344(h) and 20 U.S.C.1436(a)(3) for

Indicator 8A and 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)) for Indicator 8C.

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

Statement from the Response Table	State's Response
<p>8A: Because the state reported less than 100% compliance for FFY 2009, the state must report on the status of correction of noncompliance reflected in the data the state reported for this indicator.</p>	<p>Although the state reported less than 100 percent compliance for FFY 2009, the state did not issue findings in related to 8A and therefore does not have correction status to report. The findings of noncompliance related to transition steps and services identified in the IFPS are included under IFSP related noncompliance in Indicator 9 and on the Indicator 9 worksheet.</p>
<p>8A. the state must demonstrate, in the FFY 2010 APR that the 56 uncorrected noncompliance findings identified in FFY 2009 based on FFY 2007 and FFY 2008 data were corrected.</p>	<p>This is reported under the above section: Verification of Correction (either timely or subsequent) and Describe the specific actions that the state took to verify the correction of findings of noncompliance identified in FFY 2009 based on FFY 2007 and FFY 2008 data.</p>
<p>8A: When reporting the correction of noncompliance, the state must report, in its FFY 2010 APR, that it has verified that each EIS program with noncompliance reflected in the FFY 2009 data the state reported for this indicator and each EIS program with noncompliance identified in FFY 2009 based on FFY 2007 and FFY 2008 data: (1) is correctly implementing 34 CFR §303.148(b)(4) and 303.344(h) (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 developed an IFSP with transition steps and services for each child, unless the child is no longer within the jurisdiction of the EIS program (i.e., the child has exited the state's Part C program due to age or other reasons), consistent with OSEP Memo 09-02. In the FFY 2010 APR, the state must describe the specific actions that were taken to verify the correction.</p>	<p>This is reported under the above sections: Verification of Correction (either timely or subsequent) and Describe the specific actions that the state took to verify the correction of findings of noncompliance identified in FFY 2009.</p>

Statement from the Response Table	State's Response
<p>8A: If the state does not report 100% compliance in the FFY 2010 APR, the state must review its improvement activities and review them, if necessary.</p>	<p>the state has reviewed improvement activities. New Improvement Activities have been added and are described in the section: Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011(if applicable).</p>
<p>8C: Because the state reported less than 100% compliance for FFY 2009, the state must report on the status of correction of noncompliance reflected in the data the state reported for this indicator.</p>	<p>the state identified 13 findings of noncompliance taken from its monitoring data that were related to 8C. The status of the correction of this noncompliance is described in Indicator 9 as well as the sections above: Correction of FFY 2009 Findings of Noncompliance, Actions Taken if Noncompliance Not Corrected, Verification of Correction (either timely or subsequent), and Describe the specific actions that the state took to verify the correction of findings of noncompliance identified in FFY 2009.</p>
<p>8C: the state must also demonstrate, in the FFY 2010 APR, that the 116 uncorrected noncompliance findings identified in FFY 2009 based on FFY 2007 and FFY 2008 data were corrected.</p>	<p>This is reported under the above sections: Verification of Correction (either timely or subsequent) and Describe the specific actions the state took to verify the correction of findings of noncompliance identified in FFY 2009.</p>
<p>8C: When reporting the correction of noncompliance, the state must report, in its FFY 2010 APR, that it has verified that each EIS program with noncompliance reflected in the FFY 2009 data the state reported for this indicator, and each EIS program with noncompliance identified in the FFY 2009 APR based on FFY 2007 and 2008 data: (1) is correctly implementing 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)) (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 conducted a transition conference, although late, for any child potentially eligible for Part B whose transition</p>	<p>This is reported under the above sections: Verification of Correction (either timely or subsequent) and Describe the specific actions the state took to verify the correction of findings of noncompliance identified in FFY 2009.</p>

Statement from the Response Table	State's Response
<p>conference was not timely, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. In the FFY 2010 APR, the state must describe the specific actions that were taken to verify the correction.</p>	
<p>8C: If the state does not report 100 percent compliance in the FFY 2010 APR, the state must review its improvement activities and review them, if necessary.</p>	<p>The state has reviewed its improvement activities. New Improvement Activities have been added and are described in "Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (if applicable)".</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

No changes or revisions have been made to the proposed targets, timelines, or resources for FFY 2011. A review was conducted of improvement activities for Indicator 8 and new improvement activities were added.

Activities	Timeline	Resources
<p>Due to the positive response from LEAs on the trainings being offered by MDE and the request from LEAs for more training, MDE has started periodic regional trainings to address common issues of noncompliance. MDE has analyzed the record review data from recent years in order to identify the most common areas of noncompliance. This information has then been used to develop trainings to address these issues. Trainings have been offered regionally to special education directors, teachers, and other school personnel. MDE has received additional positive feedback on these trainings and plans to continue to offer these additional trainings and modify them as needed to address changing issues of noncompliance.</p>	<p>2012 and 2013</p>	<p>MDE Staff</p>
<p>MDE has made revisions to the MNCIMP web-based system record review screens in order to collect more specific data related to this indicator. The changes were implemented during FFY 2011 and will allow for more expedient collection and analysis of data for this indicator.</p>	<p>2012 and 2013</p>	<p>MDE Staff</p>
<p>MDE will implement transition policies and practices consistent with 34 CFR 303.209 and 303.344(h).</p>	<p>2012 and ongoing</p>	<p>MDE Staff</p>

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

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

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

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

States are required to use the "Indicator 9 Worksheet" to report data for this indicator (see Attachment A).

Measurable and Rigorous Target

FFY 2010: 100%

Actual Target Data for FFY 2010:

99.0%

Description of the process for selecting EIS programs for monitoring:

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

MDE on-site visits are collected via the web-based system which allows MDE to track the correction of any identified individual student record noncompliance.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2010:

Improvement Activities Completed

All improvement activities reported in the FFY 2009 APR are ongoing. During FFY 2010, MDE provided training on the web-based system for reporting data on individual student record non-compliance to staff from SEAUs in either the self-review or MDE-review phase of the monitoring cycle. The training has been streamlined and specific staff members are assigned to the training team responsible for ensuring consistency. MDE has also increased the verification component of the training in which MDE staff verifies the results of records reviewed by SEAU staff. This process ensures that each SEAU staff member fully understands the legal requirements and is accurately citing noncompliance. All SEAUs will have gone through the training at least once by the end of FFY 2010. MDE has posted the training modules on the MDE website in the form of a WebEx to allow greater access to the training materials to all SEAUs. MDE is also planning on continuing annual training as a key component to the state’s general oversight responsibilities, and will continue to include ongoing verification of SEAU self-review procedures.

Improvement Activities	Timelines	Resources
<p>Train districts on the web-based self-review system. Districts scheduled to conduct a self-review record review during FFY 2008 were trained on the web-based system in December 2008. Additional districts will be trained over the next few years as their district is scheduled to conduct a record review.</p> <p>Update: SEAUs are trained according to the monitoring cycle schedule. SEAUs scheduled for MDE review or self-review in FFY 2010 were trained during that school year. A training team has been formed to streamline the training and ensure consistency. Training of SEAUs will continue as a critical component of the state’s general oversight responsibility. MDE has received many positive comments regarding the benefits of the training and the ease of use of the web-based system. MDE has also posted the training materials on the MDE website in the form of a WebEx to allow greater access to the materials for all SEAUs.</p>	2008-2013	MDE C&A Staff Technology Staff
<p>Update state recommended Due Process forms to ensure all required components are adequately addressed. With changes in both state and federal laws, MDE’s goal is to update the recommended Due Process forms to accurately reflect these changes. The timeline for this activity has been revised to reflect the ongoing nature of this activity. MDE has completed revision of the Due Process forms, but with continued changes to state and federal</p>	2008-2013	MDE C&A Staff

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Improvement Activities	Timelines	Resources
<p>laws, MDE will revise these forms as necessary.</p> <p>Update: MDE will continue to revise these forms as necessary.</p>		
<p>Revise web-based monitoring system. MDE has developed a tracking system for 100% correction of identified child record noncompliance within the web-based monitoring system. Parent surveys have also been added to the system so that data can be collected. MDE is still working on the development of a TSES Plan checklist for district use in their self-review process.</p> <p>Update: MDE is currently using the web-based tracking system for tracking correction of all identified student record noncompliance. Changes continue to be made to the system to improve function and ease of use. The parent survey data is also being collected using the web-based system and MDE is still working on adding a TSES review component to the web-based system.</p>	2008-2013	MDE C&A Staff Technology Staff
<p>Develop additional compliance monitoring data collection tools. Further development of the web-based monitoring system will include MDE compliance monitoring data collection tools for district reviews; such as facility reviews, interviews, and staff surveys.</p> <p>Update: MDE continues to focus its efforts on improving the current functioning of the web-based system and has not moved forward with adding new components. MDE has updated the facility review and interview forms used as part of an MDE review in FFY 2010. Further revisions were made for FFY 2011. When revisions are complete, MDE plans to add them into the web-based system.</p>	2009-2013	MDE C&A Staff Technology Staff
<p>Develop new monitoring report templates. Further development of the web-based monitoring system will create monitoring report templates with the data collected.</p> <p>Update: MDE has used the web-based system for gathering and reporting APR data. As MDE continues to modify and improve the web-based system, MDE will continue to modify and update the reports generated in order to provide the most accurate data for reporting in the APR.</p>	2009-2013	MDE C&A Staff Technology Staff
<p>Update the MNCIMP web-based system to include system for ordering and tracking CAPs. MDE has added components to the MNCIMP web-based system for documenting Corrective Action Plans (CAPs), the means by which they are ordered, the specific</p>	2009-2013	MDE C&A Staff Technology

Improvement Activities	Timelines	Resources
<p>regulatory reference which must be addressed, the dates when issued and when due, and the approval of the CAP and the evidence of completion. MDE has implemented the same automatic email notification into the CAP tracking system that facilitates timely communication between MDE and the SEAUs in the Compliance Tracking System. MDE continually updates the system to make it more user friendly and to ensure that MDE is getting the information needed in order to be able to accurately track when CAPs are ordered and completed to ensure that all noncompliance is corrected as soon as possible, but in no case more than one year from the identification.</p> <p>Update: The CAP component of the MNCIMP web-based system is functioning and being used to track CAPs. Weekly updates are provided to staff to ensure timeliness of correction. A few changes have been made to the functioning of the system and MDE will continue to modify the system as needed to improve functionality.</p>		Staff
<p>Train SEAUs on the new requirements for CAPs and how the CAPs will be ordered and tracked through the MNCIMP web-based system. As part of the MDE trainings for those SEAUs in either the MDE review or self-review year of the monitoring cycle, MDE has added information on when and how CAPs will be ordered, the expectations of the CAPs and approval process for the CAP, both the plan itself and the evidence of completion.</p> <p>Update: As part of the FFY 2010 and FFY 2011 training cycles, SEAUs were provided training on the development of CAPs. A CAP Development Guide was also created to serve as a quick reference for SEAUs when developing their CAPs. MDE will continue to train SEAUs on the CAP requirements.</p>	2010-2013	MDE C&A Staff

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

Explanation of Progress or Slippage

Minnesota reports progress on Indicator 9 from the FFY 2009 rate of 97.4 percent to an FFY 2010 rate of 99 percent, an increase of 1.6 percent. The state has not met the FFY 2010 target of 100 percent for Indicator 9; however the state has shown progress for two consecutive years.

The noncompliance that was not corrected within one year was all from noncompliance identified through monitoring. Four of the findings were related to fiscal monitoring, described below. The other finding was for an SEAU that did not have a comprehensive Total Special

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Education System (TSES) manual. The SEAU did not complete the revision of their TSES manual within the one year, but has subsequently demonstrated compliance. All of the findings of noncompliance related to individual student record review, a total of 402 findings, were corrected within the one year.

For the fiscal findings of noncompliance, FFY 2010, 100 percent (22) of the SEAUs which were issued findings of fiscal noncompliance in the prior fiscal year completed corrective action. After accepting appeal of 13 of the initial 102 findings, a total of 89 findings of noncompliance required corrective action. Of these, 95 percent (21) of the SEAUs completed corrective action on noncompliance within one year while 5 percent (1) completed corrective action after the one year timeframe. This one SEAU had four findings of noncompliance.

Consistent with the five-year cycle for compliance monitoring, 83 SEAUs were monitored for fiscal compliance in FFY 2010. All reports were issued by June 30, 2011. A total of 398 findings of noncompliance were issued with 100 percent of the SEAUs being issued at least one finding of noncompliance. SEAUs were required to submit evidence of corrective action to address each of these findings. The correction of these findings will be reported in the FFY 2011 APR. As the result of the above activities, MDE has completed corrective action of the finding regarding fiscal monitoring issued by OSEP from its Verification Visit in September 2009.

Timely Correction of FFY 2009 Findings of Noncompliance (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the state made during FFY 2008 (the period from July 1, 2009, through June 30, 2010) (Sum of Column a on the Indicator C 9 Worksheet): 522
2. Number of findings the state verified as timely corrected (corrected within one year from the date of notification to the EIS programs of the finding) (Sum of Column b on the Indicator C 9 Worksheet): 517
3. Number of findings not verified as corrected within one year [(1) minus (2)]: 5

Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above): 5
5. Number of FFY 2009 findings the state has verified as corrected beyond the one-year timeline ("subsequent correction"): 5
6. Number of FFY 2009 findings not yet verified as corrected [(4) minus (5)]: 0

Action Taken if Noncompliance is Not Corrected

All findings of noncompliance have been corrected.

Verification of Correction of FFY 2009 findings (either timely or subsequent)For States that Reported Less than 100% Compliance for FFY 2009 for Indicator:

OSEP Memo 09-02 requires the state to verify that each SEAU with noncompliance reflected in the FFY 2009 data the state reported for this indicator: (1) is correctly implementing the specific regulatory requirements, (i.e., achieved 100 percent compliance) based on updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the

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jurisdiction of the SEAU. MDE’s review of the data for Indicator 9 showed that all individual student records found in noncompliance have subsequently been revised with correction submitted to and approved by MDE. SEAU’s are required to submit corrected documentation and resubmit until it is approved by MDE. If the student is no longer within the jurisdiction of the SEAU, the SEAU must submit to MDE the reason (moved, for example) and the date of the occurrence to release the SEAU from further demonstration of correction for that specific student. Based on a review of the data, MDE verified all of the records with identified noncompliance had been corrected, unless the child is no longer within the jurisdiction of the SEAU, consistent with OSEP Memo 09-02. The findings of noncompliance that were not corrected within one year were not related to individual student record review.

In addition to requiring the correction of the individual student record noncompliance for all records, in order to verify that SEAU’s are now correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance), MDE required SEAU’s to complete CAPs to address systemic noncompliance. MDE has reviewed additional data from subsequent student record reviews conducted as part of an on-site review by MDE or by the SEAU as part of their CAP. Over 1200 additional records have been subsequently reviewed to verify that the SEAU’s are now correctly implementing the specific regulatory requirements.

Describe the specific actions that the state took to verify the correction in FFY 2010 of findings of noncompliance identified in FFY 2009:

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

In addition, SEAU’s were required to develop CAPs, with a subsequent review of student records, if appropriate, in order to demonstrate the SEAU is now correctly implementing the specific regulatory requirements. SEAU’s submitted Letters of Assurance along with information on the student records that were reviewed, assuring that the district is now in compliance. For findings not related to individual student record review, such as the TSES or fiscal findings, SEAU’s were not required to review student records but needed to bring their systems into compliance and provide MDE with evidence of correction and a Letter of Assurance indicating the SEAU is now in 100% compliance.

Statement from the Response Table	State’s Response
The state must review its improvement activities and revise them, if necessary.	The state has reviewed its improvement activities. Completed activities are described in the section: Improvement Activities Completed. New Improvement Activities have been added

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Statement from the Response Table	State's Response
	and are described in the section: Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011 (if applicable).
In responding to Indicators 1, 7, 8A and 8C in the FFY 2010 APR, the state must report on correction of the noncompliance described in this table under those indicators.	This information, taken from the Indicator 9 Worksheet, has been reported under Indicators 1, 7, 8A and 8C.
In reporting on correction of noncompliance in the FFY 2010 APR, the state must report that it verified that each EIS program with noncompliance identified in FFY 2009: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memo 09-02. In the FFY 2010 APR, the state must describe the specific actions that were taken to verify the correction.	This is reported under the above sections: Verification of Correction for findings of noncompliance reported in the FFY 2009 APR (either timely or subsequent) and Describe the specific actions that the state took to verify the correction of findings of noncompliance identified in FFY 2009 (including any revisions to general supervision procedures, technical assistance provided and/or any enforcement actions that were taken).
In reporting on Indicator 9 in the FFY 2009 APR, the state must use the Indicator 9 Worksheet.	Indicator 9 Worksheet is included.
In order to respond to the finding in OSEP's Verification Visit Letter, the state must also: (1) confirm in Indicator 9 in the FFY 2009 APR that it has included findings of noncompliance that it was required to make as result of the required actions identified in the General Supervision Critical Elements 1 and 2 sections of the Verification Visit Letter- (findings of noncompliance based on fiscal monitoring) and report on the correction of those findings in the FFY 2010 APR, due February 1, 2012; and (2) provide to OSEP by July 30, 2010 copies of those fiscal findings references in	The correction of these findings are reported above in the sections: Verification of Correction for findings of noncompliance reported in the FFY 2009 APR (either timely or subsequent) and Describe the specific actions that the state took to verify the correction of findings of noncompliance identified in FFY 2009 (including any revisions to general supervision procedures, technical assistance provided and/or any enforcement actions that were taken) and below in the section: Findings Issued as result of OSEP Verification Visit.

Statement from the Response Table	State's Response
the state's March 25, 2010 Verification Visit Letter response submission.	

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

No changes or revisions have been made to the proposed targets, timelines, or resources for FFY 2011. A review was conducted of improvement activities for Indicator 9 and new improvement activities were added.

Activities	Timeline	Resources
Due to the positive response and requests for more training from SEAUs, MDE conducts periodic regional trainings to address common issues of noncompliance. MDE has analyzed the record review and complaint data from recent years to identify the most common areas of noncompliance. This data is used to focus training content. MDE plans to continue to offer these additional trainings and modify them as needed to address changing issues of noncompliance.	2011-2013	MDE C&A Staff
MDE Compliance and Assistance staff has met with and will continue periodic meetings with the Minnesota Administrators of Special Education (MASE) professional organization to discuss common areas of noncompliance and how to bring those areas into compliance.	2011-2013	MDE C&A Staff
MDE division of Compliance and Monitoring provides cross-divisional trainings in collaboration with the divisions of Special Education and Early Learning Services to provide additional trainings including training in the area of fiscal monitoring.	2011-2013	MDE C&A, SEP, and ELS Staff
To ensure SEAUs are correcting individual student noncompliance as soon as possible and in no case later than one year from identification, MDE has implemented a process in which the status of the correction of noncompliance is reviewed for each SEAU on a monthly basis. The information is distributed to lead program and fiscal monitors to follow up with SEAUs that are not demonstrating progress on the correction of noncompliance or SEAUs that are nearing the one year deadline yet still have remaining noncompliance to be corrected.	2011-2013	MDE C&A Staff
To ensure SEAUs are correcting systemic noncompliance as soon as possible and in no case later than one year from	2011-	MDE C&A

Minnesota: FFY 2010

Activities	Timeline	Resources
identification, MDE has implemented a process in which the status of CAPs is reviewed for each SEAU on a weekly basis. The information is distributed to lead program and fiscal monitors to follow up with SEAUs to ensure timely submission of the proposed CAP as well as the evidence of completion required to demonstrate the SEAU is now correctly implementing the standards. Lead monitors can follow up with SEAUs that are nearing the one year deadline to ensure all remaining noncompliance has been corrected.	2013	Staff

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

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

Measurement: Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

Measureable and Rigorous Targets

FFY 2010: 100%

Actual Target Data for 2010:

No Part C complaints were received during FFY 2010.

Table 10.1: Complaints (Excerpted from 618 data table C-4)

SECTION A: Written, Signed Complaints	Number
(1) Total number of written, signed complaints filed	0
(1.1) Complaints with reports issued	0
(a) Reports with findings of noncompliance	0
(b) Reports within timeline	0
(c) Reports within extended timeline	0
(1.2) Complaints pending	0
(a) Complaints pending a due process hearing	0
(1.3) Complaints withdrawn or dismissed	0

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

Early intervention service providers in Minnesota routinely provide information to parents and others of their right to file complaints with MDE. Information regarding the complaint process is publicly available on the MDE website at

<http://www.education.state.mn.us/MDE/SchSup/SpecEdComp/ComplMonitor/Comp/index.html>

This site provides information through a document entitled "How to File a Special Education Complaint for Part C Infant & Toddler Early Intervention, Ages Birth-2". This document was developed during FFY 2010 as one strategy to promote appropriate use of the state's complaint system.

Minnesota Complaint Procedures

In Minnesota, any individual or organization may file a complaint alleging that an SEAU has violated provisions of federal or state special education laws or rules. Complaints must be in writing, signed by the individual or organization filing the complaint and sent to MDE.

Minnesota: FFY 2010

Complaints must allege violations of state or federal special education laws or rules that occurred not more than one year prior to the date that the complaint is received. Complainants must include the facts upon which they base their allegations of violations.

Upon receipt of a signed, written complaint, the 60-day time period for issuance of a final decision begins. Initially, a complaint is reviewed by the supervisor and is assigned to a complaint investigator based on investigator workload. Support staff members immediately perform procedural duties, setting up files for each complaint, gathering district information and calculating time frames.

A complaint investigator, with the permission of the complainant, contacts the district's special education director to determine if it is possible to resolve the complaint at the district level. Calls to the special education director are routine as this facilitates early settlement, assures that the district is the appropriate party to address the issues set forth in the complaint and helps determine if there are additional issues that should be addressed.

The complaint investigator then contacts the complainant and confirms receipt of the complaint. This call also allows the investigator to clarify and confirm the issues set forth in the written complaint and assures that the proper parties are named.

Following confirmation, the investigator drafts an issue letter, which is mailed to the complainant, the superintendent and the special education director. The supervisor and the complaint investigator have biweekly meetings regarding each complaint being handled by the investigator.

MDE requires complaint investigators to present draft complaint reports to the supervisor 45 days after receipt of the complaint. The supervisor and the investigator determine at the 45-day mark whether or not an extension is necessary. Extensions are issued when complaints present situations, such as unduly complex issues or systemic problems, which require additional time for thorough investigation and thoughtful resolution.

MDE may issue extensions for complaints that involved systemic or complex issues. In those cases where an extension is necessary, MDE informs the parties by letter of the extension and sets a new deadline based on the anticipated date the report will be completed. If the report is delayed by a few days, sometimes a note is made to the file and parties are notified, but no letter is sent.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011: No revisions are planned.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

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

Measurement: Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

Measurable and Rigorous Target

FFY 2010: 100%

Actual Target Data for FFY 2010:

(0 + 0)/0 x 100)

Table 11.1: (Excerpted from 618 data table C-4)

SECTION C: Due Process Complaints	Number
(3) Total number of due process complaints filed (for all States)	0
(3.1) Resolution meetings (applicable ONLY for States using Part B due process hearing procedures)	-9
(a) Written settlement agreements reached through resolution meetings	-9
(3.2) Hearings fully adjudicated (for all States) -	0
(a) Complete EITHER item (1) OR item (2), below, as applicable.	-9
(1) Decisions within timeline - Part C Procedures	0
(2) Decisions within timeline - Part B Procedures	-9
(b) Decisions within extended timeline (applicable ONLY if using Part B due process hearing procedures)	-9

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

MDE continues to emphasize with SEAU's the important role that IFSP teams play in helping parents to fully understand their rights under Part C. In spite of these efforts, Part C hearing requests are rare events. The MDE hearing system is prepared to receive and render decisions on Part C issues in a timely manner.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011: No revisions are planned.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

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

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

Measureable and Rigorous Target

FFY 2010: No target has been set since there were no Part C hearing requests in FFYs 2004 – 2009.

Actual Target Data for FFY 2010:

There were no Part C hearing requests during the reporting period therefore there were no resolution sessions. Because there have been no Part C hearing requests during FFYs 2004 – 2010., Minnesota has not yet established a baseline for this indicator.

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

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

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

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

Table 12.2: Ongoing Improvement Activities

Activities	Timelines	Resources
Due process hearing coordinator maintains data on hearings and related matters, including resolution sessions and their outcomes.	2005-2013	MDE Staff
Develop and distribute handout for parents on due process hearing process, including resolution sessions; translate handout into Hmong, Somali, and Spanish languages.	2006-2012	MDE Staff and PACER Staff

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

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

Measurement: Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

Measureable and Rigorous Target

FFY 2010: 86%

Actual Target Data for FFY 2010:

[(0 + 0) / 0] x 100

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

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2010:

Because no mediation requests were received during the reporting year it is not possible to discuss progress or slippage.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

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

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

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

Measurement: State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates February 1 for child count and settings and November 1 for exiting and dispute resolution);
- b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the “Indicator 14 Data Rubric” for reporting data for this indicator (see Attachment B).

Measurable and Rigorous Targets

FFY 2010: 14a: 100%

14b: 100%

Actual Target Data for FFY 2010

MDE submitted data and reports that were both timely and accurate including 618 data, the Part C Annual Performance Report and the updated State Performance Plan. Attachment B details this performance resulting in a calculation based on the rubric of $(70/70) \times 100 = 100$ percent.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

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

Table 14.1: Ongoing Activities

Activities	Timelines	Resources
Written guidance materials for accurate reporting of infants, toddlers and young children with disabilities within the MARSS system will be kept current with respect to data elements and actively disseminated to LEAs.	2006-2013	MDE Staff
Continually improve local and statewide edits within MDE’s MARSS program to eliminate those logic errors that can be electronically detected at the point of data submission.	2006-2013	MDE Staff

Minnesota: FFY 2010

Activities	Timelines	Resources
Training Provided to LEAs responsible for accurate reporting through MARSS. That training will take multiple formats including face-to-face, interactive television and web-based tutorials. When possible, local MARSS reporters will be co-trained with their ECSE colleagues to enhance district-level communication necessary for accurate reporting.	2006-2013	MDE Staff
Strive to motivate local staff to invest in the accuracy of the data by publicly reporting local status on key performance indicators.	2006-2013	MDE Staff