

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2019**

Minnesota



**PART C DUE
February 1, 2021**

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

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

Minnesota continues to be diligent in monitoring progress and determining opportunities for improved practices including data collection and analysis systems, professional and leadership development, and high quality curriculum, programming, service delivery and assessment practices incorporating family input on an increasing basis. FFY 2019 Annual Performance Plan demonstrates that Minnesota is currently meeting Compliance Targets for Indicators 1 and 2 and 8b. Compliance Targets for Indicators 7, 8a, and 8c were not met and there was slippage calculated. Performance Targets meeting targets are Indicator 3b and 3c but Indicator 3a did not meet target but did not have slippage, so overall, Child Outcomes for children exiting Part C Intervention continue to demonstrate growth and will continue to be an area of monitoring for improvement. This year's Family Outcome survey resulted in a higher return rate (24.35% as opposed to 20.18%) than FFY18 but Did not Meet each of the three targets and resulted in slippage as well. Indicators for Child Find (Indicators 5 and 6) were found to Not Meet Target but there was no slippage. Finally, Indicator 11 reporting on SSIP outcomes found Minnesota meeting the State identified Measurement Result for FFY19. While there were several indicators that were not met in FFY19, it is important to note that Minnesota remains committed to ongoing monitoring and continuous improvement. Performance measures and their indications of quality services and programming continue as top priority in ensuring that we are meeting the needs of children and families.

Additional information related to data collection and reporting

General Supervision System

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

The Minnesota Department of Education (MDE) Division of Compliance and Assistance administers a comprehensive system of general supervision that includes multiple components to ensure compliance with the Individuals with Disabilities Education Act (IDEA) 2004 and improve services and results for students with disabilities. This system includes special education program and fiscal compliance monitoring, a comprehensive and effective dispute resolution system, and the provision of technical assistance and professional development to support stakeholders.

Each special education administrative unit (SEAU) is monitored for compliance through MDE's Continuous Improvement Monitoring Process (MNCIMP) web-based application which gathers data from early intervention records reviewed on a six-year cycle. In year one, the SEAU conducts a self-review of records. Selection of records to be reviewed is based on a stratified random sampling with consideration given to race/ethnicity, age, gender, and primary disability. During the record review process, the most current Individual Family Service Plan (IFSP) and corresponding due process documentation are reviewed for compliance with legal standards. In year two, the SEAU must demonstrate correction of any noncompliance identified in the self-review consistent with the requirements of Office of Special Education Programs (OSEP) Memo 09-02.

In year three, MDE conducts an on-site review of the SEAU including a review of early intervention records (following the process for record selection as used in year one). Stakeholder input is gathered from early intervention service providers, parents, and administrators. Data gathered from the various stakeholders helps to determine compliance within the district as well as identify areas of needed technical assistance. In year four, 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, data is collected through the self-review of records for 20 percent of the state's local programs. In year six, an SEAU that has met all requirements has no formal monitoring obligations.

MDE's fiscal monitors work to ensure that Part C funds are appropriately administered and used by the SEAU to serve eligible children. Fiscal and program monitoring teams follow the same five year schedule with the exception that there is no self-review process in fiscal monitoring. A risk assessment is completed annually to determine if an SEAU will receive an onsite or desk review. Once the SEAUs have been stratified into their appropriate risk category, the fiscal monitors utilize the Electronic Data Reporting System (EDRS) and the Minnesota Automated Reporting Student System (MARSS) to pick samples related to time and effort, procurement, and transportation. Additionally, information is requested from the SEAUs for inventory management. Each of the three levels of review request additional samples, more documentation, and monitor additional details of the data as the SEAU progresses higher in risk. Corrective action by the program, as needed, takes place in the year following a fiscal monitoring. Corrective action may include documenting processes, changing documents so they contain appropriate data, or making corrections within the EDRS or MARSS systems so data entered is accurate. MDE also reserves the right to reclaim funds should it be deemed funds were used for ineligible purposes.

Finally, the fiscal monitoring team receives fiscally based complaints and conducts investigations as necessary. When complaints are received, the investigation is led by the fiscal supervisor and assisted by the fiscal monitor. A complaint can be filed about any entity that provides publicly funded intervention services directly to eligible children and families. Before filing a complaint, MDE encourages the complainant to first contact the district's special education director to attempt to resolve the issue. Once a fiscal investigation is opened, the entity is asked to provide documentation based on the nature of the complaint. Interviews with staff may be conducted. An on-site visit may occur. If the Local Education Agency is found to be in violation and corrective action is necessary, a corrective action plan is developed and the responsible education agencies complete the corrective action within the specified timeframe. Through follow up, MDE ensures that corrective action plans are implemented and correction occurs within one year.

As noted, MDE administers a comprehensive dispute resolution system. Minnesota Special Education Mediation Service (MNSEMS) provides conflict resolution assistance for students, schools, parents and agencies. Mediation or facilitated Individualized Family Services Plan (IFSP) meetings(s) may address issues of conflict. In 2014, MDE's Special Education ADR Services engaged internal and external stakeholder in a continuous improvement process to examine procedures and improve ADR's efficiency and effectiveness. Change included submission of requests online, faster scheduling, automated emails, and the development of a vision of success for parents, older students, and educators.

Parents and districts resolve disputes over identification, evaluation, education placement, or provision of a free appropriate public education to an infant, toddler, or student with a disability using an impartial due process hearing. Parents and districts may use mediation, conciliation or some other mutually agreed-upon alternative before proceeding to a hearing. Information available on the MDE website including a Hearing Request form, information on low-cost legal resources, and Minnesota's procedural safeguards notice. While most due process hearing requests are settled without a hearing, MDE continues to work with the Office of Administrative Hearings, to educate parents and districts on their rights and responsibilities regarding due process hearing resolution sessions. Through these efforts, district participation in documenting the occurrence of the resolution sessions has increased by 100 percent. In addition, MDE is obtaining more accurate data regarding when the sessions are held and the results of the resolution sessions.

The complaint system is designed to ensure that all children with disabilities, including infants and toddlers, are provided free and appropriate public education. Before a complaint is filed, MDE encourages parents or other persons to first contact the school district's special education director, who may be able to help resolve the issue. Sample complaint forms for use by parents, other entities or private school stakeholders are available on the MDE website.

When MDE receives a complaint, an investigator is assigned who reviews the written complaint to determine the issues to be investigated. The individual or entity that filed the complaint is contacted and the issues, claims and facts are discussed. MDE has 60 calendar days to fully investigate, determine areas of noncompliance and needed corrective action, and issue written findings. Through active follow-up, MDE ensures that corrective action plans are appropriately implemented and individual correction occurs within one year.

Compliance and Assistance staff collaborates with other departmental divisions regarding the provision of early intervention and special education services.

Technical Assistance System:

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

The Early Childhood Special Education Team at the Minnesota Department of Education believes their role is to support local programs to "do it right and do it well" so that infants, toddlers and young children with disabilities and their families experience positive outcomes. "Doing it right" refers to those aspects of the work where there are legal requirements that must be met. "Doing it well" refers to initiatives that support high quality. Our technical assistance efforts support both.

MDE uses a variety of mechanisms to provide technical assistance to early childhood special education leaders and providers. Our website is a source of information for families, administrators, and direct service providers. MDE hosts biannual forums to provide technical assistance to local program leaders. Each fall, a three-day leadership conference is held in partnership with the Minnesota Division for Early Childhood of the Council for Exceptional Children. A one-day leadership forum is held each spring. Leaders from greater Minnesota have the option to participate in the forum virtually. A monthly call is held for program leaders focused almost exclusively on technical assistance. Members of the ECSE team provide individualized technical assistance as requested by local programs. MDE has established an Early Childhood Special Education team email box to allow local programs to receive timely, high quality answers to their technical questions from the most appropriate source.

Professional Development System:

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

Strengthening our professional development system has been a team priority for the past seven years. During that time, we have benefited considerably from participation in several important federal initiatives.

1. National Professional Development Center on Inclusion (NPDCI): Minnesota was one of four states selected to work with experts from the University of North Carolina at Chapel Hill. This opportunity helped us establish a cross-sector state leadership team, create regional cross-sector professional development councils, and launch regionalized professional development focused on selected evidence-based practices.
2. Technical Assistance Center on Social Emotional Intervention (TACSEI): Minnesota was one of four states selected to be supported to implement the practices of the pyramid model. We started with three demonstration sites and are now implementing in 72 local programs.
3. State Implementation and Scaling-up of Evidence-based Practices (SISEP): Minnesota was one of six states selected to participate in the initial cohort. Karen Blase has provided the ECSE team with considerable guidance and support in refining and refocusing our professional development system. The frameworks of active implementation are foundational to our enhanced professional development system.
4. Early Childhood Technical Assistance Center (ECTA): Minnesota was the first state selected to receive targeted technical assistance to implement the revised Recommended Practices developed by the Division of Early Childhood of the Council for Exceptional Children. Commonly referred to as DEC's Recommended Practices, this work is focused on those practices that support child and family engagement in intervention.
5. Early Childhood Personnel Center (ECPC): Minnesota's Part C and 619 Coordinators have been supported by ECPC related to their personal professional development. Minnesota is now receiving intensive technical support from ECPC to engage stakeholders in the development of our Comprehensive System of Personnel Development (CSPD).
6. The Center for IDEA Early Childhood Data Systems (DaSy): Minnesota's ECSE team has participated in two cohorts sponsored by DaSy. The first is the Powerful 619 Data cohort, which because of our state's 0-5 system, has equally benefitted Part C. We have also participated in TA to better support local programs to use data.
7. Minnesota was one of 3 states selected to participate in an intensive technical assistance from the National Center for Pyramid Model Innovations (NCPMI) focusing on improving outcomes for children in inclusion, equity culturally responsive practice, implicit bias, suspension and expulsion.
8. Minnesota was selected to participate in an intensive technical assistance National Center for Pyramid Model Innovations (NCPMI) to fully implement Prevent Teach Reinforce for Young Children through a train the trainer model.
9. Minnesota is participating in two Communities of Practice (CoP): a) a CoP for our Family Outcomes Survey process through ECTA and DaSy; a CoP for fiscal data reporting and fidelity through the Center for IDEA Fiscal Reporting (CIFR) and WestEd.

Our professional development system is referred to as the Minnesota Centers of Excellence for Young Children with Disabilities (MNCoe). The stated mission of the MNCoe is to partner with and support local early childhood special education leaders and programs to improve positive outcomes for children and families.

The MNCoe includes these structural components:

1. Professional Development Facilitators located within each region of the state. The 12.0 FTE of individuals in this role actively partner with local program leaders to identify opportunities to improve quality. This is achieved through service as the external coach to those programs implementing one of the three evidence-based interventions formally promoted through the MNCoe, foundational professional development activities, and as a cognitive coach for leaders to leverage as they design and implement professional development for their staff.
2. State Leadership Team of cross-sector personnel, higher education faculty, and other stakeholders in the system. Minnesota's current Parent Training and Information Center sits on the Evidence Based Quality Intervention Practices (EQIP) state leadership team (see #4).
3. Consistent use of the frameworks of active implementation.
4. Three usable interventions that are evidence-informed. These include the Pyramid Model (formerly TACSEI), Evidence Based Quality Intervention Practices (EQIP), and the Classroom Engagement Model (CEM).

During FFY 2020 we continued to target discretionary federal funds to support local programs committing to the implementation of one of the three evidence based interventions. These funds are available to selected programs over a five-year period to eliminate identified barriers to scaling and

sustaining use of these practices. We also focused, as described in our Phase III SSIP, on developing a more integrated data system that incorporates coaching and fidelity data from the MNCoe with child outcome data.

Stakeholder Involvement:

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

A workgroup of volunteer members from Minnesota's Interagency Coordinating Council (ICC) and state staff from the Minnesota Departments of Education, Health, and Human Services was initially convened to review data and develop preliminary targets prior to our FFY 13 APR submission. They reviewed historical performance and target data for each indicator and discussed past contextual factors that helped or hindered the state's efforts to meet or exceed each target. The group also identified factors that might similarly help or hinder the state's efforts to make progress from baseline for each indicator. From those discussions, preliminary targets were set for each indicator for each year included within the State Performance Plan (SPP). Preliminary targets were shared with local program leaders during a monthly Leadership Call and with the ICC during a quarterly meeting. Each target was finalized through a vote of the ICC during its quarterly meeting on January 8, 2015.

Performance and targets have been similarly reviewed by the ICC for each of the five subsequent APR submissions. On January 14, 2020, the ICC supported MDE's proposed resetting of baseline performance for child outcomes and all suggested performance targets for FFY 2019. The ICC was engaged again on January 12, 2021 to review data and targets for the FFY2019 report submission. No recommendations to change targets for FFY2020 were made at that time. Discussion around Family Outcomes also included preliminary preparation for upcoming changes to Indicator 4. It is significant to note that our ICC membership has broadened representation in racial and gender diversity and inclusion this term, and the ICC implemented a membership workgroup to continue increasing equitable voices on the council. In addition, the ICC currently has five parent representatives and a parent as ICC Chair for the second year in a row. This year the ICC voted to have monthly meetings to better support the group's learning and execution of statutory requirements with greater equity. ICC meetings are open to the public and posted on the public calendar at MDE: <https://education.mn.gov/MDE/about/cal/>. With COVID-19 health guidelines, all meetings since March have been virtual, and access to the public through this format has been maintained.

The FFY2019 data and targets were also shared with the Special Education Advisory Panel in January 2021 for continuity of collaboration between stakeholders; as well as the regional child find and public awareness and outreach entities in Minnesota, the Interagency Early Intervention Committees (IEICs), who were provided opportunity to comment and ask questions on January 25, 2021 at a joint ICC/IEIC Retreat.

National stakeholder technical assistance and supports include ongoing conversations with the Early Childhood Technical Assistance Center (ECTA), The Center for IDEA Early Childhood Data Systems (DaSy), and The Center for IDEA Fiscal Reporting (CIFR)/WestEd through membership in various Communities of Practice (CoPs). ECTA began supporting the ICC in equity work in December 2020. Minnesota's Part C Coordinator also participates in regular Infant and Toddler Coordinators Association (ITCA) meetings and was elected to the ITCA Board as Secretary-Treasurer on January 1, 2021 for a three year term. Further details about national stakeholder technical assistance and supports and how these impact stakeholder involvement and Part C processes and outcomes will be included in next year's submission.

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

NO

Reporting to the Public:

How and where the State reported to the public on the FFY 2018 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2018 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2018 APR in 2020, is available.

MDE makes an annual determination on the performance of each Special Education Administrative Unit (SEAU) against specific criteria. MDE reviews all SEAU performance against targets in the Annual Performance Report (APR) and determines whether each SEAU meets the requirements of Part C of the Individuals with Disabilities Education Act (IDEA).

MDE publicly reports the performance of each SEAU by member district in its Data Center website under the Special Education District Profiles section. Performance on Part C indicators 1-8 is displayed on a data sheet that includes the program performance, the state rate, and the state target. These district data profiles can be found at the Data Reports and Analytics webpage. The URL is <https://public.education.mn.gov/MDEAnalytics/Data.jsp>

A complete copy of Minnesota's SPP and APR are located on MDE's website on the landing page from the Governor's Interagency Coordinating Council. The URL is <https://education.mn.gov/MDE/about/adv/active/ICC/>. The ICC also voted the SPP and APR stand as our state's annual legislative report on Part C, which can be found each year at <https://education.mn.gov/MDE/about/rule/leg/rpt/index.htm>.

Intro - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must provide a FFY 2019 target and report FFY 2019 data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year 4; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2020); (3) a summary of the SSIP's coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short- and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities are impacting the State's capacity to improve its SiMR data.

Response to actions required in FFY 2018 SPP/APR

Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. §303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

Intro - Required Actions

OSEP notes that the State submitted verification that the attachment(s) complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Indicator 11 attachments included in the State's FFY 2019 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 91.00% |

| FFY | 2014 | 2015 | 2016 | 2017 | 2018 |
|--------|---------|---------|---------|---------|---------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

Targets

| FFY | 2019 |
|--------|------|
| Target | 100% |

FFY 2019 SPP/APR Data

| Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner | Total number of infants and toddlers with IFSPs | FFY 2018 Data | FFY 2019 Target | FFY 2019 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|------------|-------------|
| 156 | 156 | 100.00% | 100% | 100.00% | Met Target | No Slippage |

Number of documented delays attributable to exceptional family circumstances

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

0

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

At the September 2005 meeting of the State Interagency Coordinating Council, the council defined "timely" for the purpose of this State Performance Plan to mean that IFSP services begin not more than 30 calendar days following the initial IFSP team meeting. Within these 30 days, the parent provides informed written consent for the provision of services and services are formally initiated.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

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) which is scheduled on a six year monitoring cycle. In year one of the cycle, the SEAU conducts a self-review of records. In year two, the SEAU must demonstrate correction of any noncompliance identified in the self-review consistent with the requirements of OSEP Memo 09-02. In year three, MDE conducts an on-site review of the SEAU including a review of student records, facilities, and the SEAU's Total Special Education System (TSES). In year four of the cycle, the SEAU must demonstrate correction of noncompliance identified during the MDE review and implement any corrective action, again consistent with the requirements of OSEP Memo 09-02. The fifth year of the cycle is used to verify results of the implemented corrective action plan. The sixth year of the cycle provides an additional year for SEAU's to implement corrective action and changes to their systems prior to the start of the new monitoring cycle and self-review of records.

As part of the record review, a computer-generated sample is used to determine the student 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 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. The FFY 2019 data are based on MDE reviews and SEAU self-review of 29 SEAU's, comprised of 121 individual districts.

If needed, provide additional information about this indicator here.

The data collection for this indicator was not impacted by the COVID-19 pandemic. Data collection occurred through student record reviews conducted between September 15, 2019 and March 1, 2020.

Correction of Findings of Noncompliance Identified in FFY 2018

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

Correction of Findings of Noncompliance Identified Prior to FFY 2018

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

1 - Prior FFY Required Actions

None

1 - OSEP Response

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 90.30% |

| FFY | 2014 | 2015 | 2016 | 2017 | 2018 |
|----------|--------|--------|--------|--------|--------|
| Target>= | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Data | 97.27% | 96.92% | 97.70% | 97.84% | 98.06% |

Targets

| FFY | 2019 |
|----------|--------|
| Target>= | 95.00% |

Targets: Description of Stakeholder Input

Please see Introduction for extensive and historical explanation of stakeholder involvement for review and development of each of the Indicators, including Indicator 2.

Performance and targets for Indicator 2 have been similarly reviewed by the ICC for each of the five subsequent APR submissions. On January 14, 2020, the ICC supported MDE's proposed resetting of baseline performance for child outcomes and all suggested performance targets for FFY 2019. The ICC was engaged again on January 12, 2021 to review data for the FFY2019 and targets for the FFY2020 report submissions. In light of COVID-19 impacts on provision of services in the natural environment, MDE with support of the ICC on January 12, 2021 is proposing Targets remain consistent with FFY19 for FFY20 for Indicator 2.

Discussion specific to this indicator focused on the desire to maintain a robust target at 95 percent throughout the years covered by the SPP while acknowledging the need for flexibility among members of Individual Family Service Plan teams to identify times when it is justifiable to provide early intervention services in an environment that is not a natural environment.

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|---|-------|
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 6,016 |
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Total number of infants and toddlers with IFSPs | 6,128 |

FFY 2019 SPP/APR Data

| Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | Total number of Infants and toddlers with IFSPs | FFY 2018 Data | FFY 2019 Target | FFY 2019 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|------------|-------------|
| 6,016 | 6,128 | 98.06% | 95.00% | 98.17% | Met Target | No Slippage |

Provide additional information about this indicator (optional)

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

Please see Introduction for extensive and historical explanation of stakeholder involvement for review and development of each of the Indicators, including Indicator 3.

Performance and targets for Indicator 3 have been similarly reviewed by the ICC for each of the five subsequent APR submissions. On January 14, 2020, the ICC supported MDE's proposed resetting of baseline performance for child outcomes and all suggested performance targets for FFY 2019. The ICC was engaged again on January 12, 2021 to review data and targets for the FFY2019 report submission. In light of COVID-19 impacts on early childhood outcomes, MDE with support of the ICC is proposing Targets consistent with FFY19 for FFY20 for Indicator 3.

Historical Data

| Outcome | Baseline | FFY | 2014 | 2015 | 2016 | 2017 | 2018 |
|---------|----------|----------|--------|--------|--------|--------|--------|
| A1 | 2018 | Target>= | 54.20% | 54.30% | 54.40% | 54.50% | 54.60% |
| A1 | 50.35% | Data | 51.17% | 50.87% | 49.15% | 50.85% | 50.35% |
| A2 | 2018 | Target>= | 50.00% | 51.00% | 52.00% | 53.00% | 54.00% |
| A2 | 48.37% | Data | 47.51% | 48.84% | 50.18% | 48.23% | 48.37% |
| B1 | 2018 | Target>= | 60.30% | 60.40% | 60.50% | 60.60% | 60.70% |
| B1 | 55.80% | Data | 57.16% | 57.32% | 58.78% | 55.83% | 55.80% |
| B2 | 2018 | Target>= | 44.50% | 45.00% | 45.50% | 46.50% | 47.50% |
| B2 | 41.67% | Data | 41.67% | 43.28% | 44.41% | 41.95% | 41.67% |
| C1 | 2018 | Target>= | 62.00% | 62.10% | 62.20% | 62.30% | 62.40% |
| C1 | 57.74% | Data | 59.60% | 58.28% | 58.02% | 59.36% | 57.74% |
| C2 | 2018 | Target>= | 51.50% | 52.00% | 53.00% | 54.00% | 55.00% |
| C2 | 49.99% | Data | 49.83% | 50.14% | 50.83% | 49.62% | 49.99% |

Targets

| FFY | 2019 |
|-------------|--------|
| Target A1>= | 50.50% |
| Target A2>= | 48.50% |
| Target B1>= | 55.90% |
| Target B2>= | 41.80% |
| Target C1>= | 57.80% |
| Target C2>= | 50.10% |

FFY 2019 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

3,523

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

| Outcome A Progress Category | Number of children | Percentage of Total |
|---|--------------------|---------------------|
| a. Infants and toddlers who did not improve functioning | 28 | 0.82% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,197 | 34.97% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 542 | 15.83% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 689 | 20.13% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 967 | 28.25% |

| Outcome A | Numerator | Denominator | FFY 2018 Data | FFY 2019 Target | FFY 2019 Data | Status | Slippage |
|--|-----------|-------------|---------------|-----------------|---------------|---------------------|-------------|
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,231 | 2,456 | 50.35% | 50.50% | 50.12% | Did Not Meet Target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 1,656 | 3,423 | 48.37% | 48.50% | 48.38% | Did Not Meet Target | No Slippage |

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

| Outcome B Progress Category | Number of Children | Percentage of Total |
|---|--------------------|---------------------|
| a. Infants and toddlers who did not improve functioning | 21 | 0.61% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,177 | 34.45% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 735 | 21.51% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 893 | 26.13% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 591 | 17.30% |

| Outcome B | Numerator | Denominator | FFY 2018 Data | FFY 2019 Target | FFY 2019 Data | Status | Slippage |
|--|-----------|-------------|---------------|-----------------|---------------|------------|-------------|
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,628 | 2,826 | 55.80% | 55.90% | 57.61% | Met Target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 1,484 | 3,417 | 41.67% | 41.80% | 43.43% | Met Target | No Slippage |

Outcome C: Use of appropriate behaviors to meet their needs

| Outcome C Progress Category | Number of Children | Percentage of Total |
|---|--------------------|---------------------|
| a. Infants and toddlers who did not improve functioning | 26 | 0.76% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,094 | 32.00% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 566 | 16.55% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 970 | 28.37% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 763 | 22.32% |

| Outcome C | Numerator | Denominator | FFY 2018 Data | FFY 2019 Target | FFY 2019 Data | Status | Slippage |
|---|-----------|-------------|---------------|-----------------|---------------|------------|-------------|
| C1. Of those children who entered or exited the program | 1,536 | 2,656 | 57.74% | 57.80% | 57.83% | Met Target | No Slippage |

| Outcome C | Numerator | Denominator | FFY 2018 Data | FFY 2019 Target | FFY 2019 Data | Status | Slippage |
|--|-----------|-------------|---------------|-----------------|---------------|------------|-------------|
| 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 | | | | | | | |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 1,733 | 3,419 | 49.99% | 50.10% | 50.69% | Met Target | No Slippage |

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

| Question | Number |
|---|--------|
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's part C exiting 618 data | 7,453 |
| The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program. | 511 |

| Sampling Question | Yes / No |
|--------------------|----------|
| Was sampling used? | NO |

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

YES

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

Minnesota's process allows local programs to use a variety of sources to inform the ratings on each Child Outcome Summary form. Teams may use information from norm-referenced tools administered as part of a child's initial evaluation. They may also use parent report and professional observation to complete an age anchored criterion-referenced assessment tool. Minnesota's process requires careful use of the crosswalk documents developed by the Early Childhood Outcome Center. Minnesota requires ratings be made within a month of the actual date of entry or exit. For children exiting Part C and transitioning into early childhood special education services under Part B, the Part C exit rating automatically becomes the Part B entrance rating. In the event that two different local teams serve the child under each part, the teams must reach consensus on an accurate C exit/B entrance rating.

Provide additional information about this indicator (optional)

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

4 - Indicator Data

Historical Data

| Measure | Baseline | FFY | 2014 | 2015 | 2016 | 2017 | 2018 |
|---------|----------|----------|--------|--------|--------|--------|--------|
| A | 2013 | Target>= | 90.00% | 90.30% | 90.60% | 91.00% | 91.50% |
| A | 89.22% | Data | 87.40% | 88.98% | 89.91% | 89.24% | 92.58% |
| B | 2013 | Target>= | 93.20% | 93.40% | 93.60% | 93.80% | 94.00% |
| B | 92.58% | Data | 90.96% | 91.31% | 92.72% | 91.96% | 95.35% |
| C | 2013 | Target>= | 90.30% | 90.60% | 90.90% | 91.20% | 91.50% |
| C | 89.80% | Data | 87.88% | 89.56% | 89.91% | 89.51% | 94.21% |

Targets

| FFY | 2019 |
|------------|--------|
| Target A>= | 92.00% |
| Target B>= | 94.20% |
| Target C>= | 91.80% |

Targets: Description of Stakeholder Input

Please see Introduction for extensive and historical explanation of stakeholder involvement for review and development of each of the Indicators, including Indicator 4.

Performance and targets for Indicator 4 have been similarly reviewed by the ICC for each of the five subsequent APR submissions. On January 14, 2020, the ICC supported MDE's proposed resetting of baseline performance for child outcomes and all suggested performance targets for FFY 2019. The ICC was engaged again on January 12, 2021 to review data for the FFY2019 and targets for the FFY2020 report submissions. In light of COVID-19 impacts on family involvement, MDE with support of the ICC on January 12, 2021 is proposing Targets remain consistent with FFY19 for FFY20 for Indicator 4.

Discussion specific to this indicator focused on efforts to help parents better understand their rights and shared belief in the importance of helping parents to help their children develop and learn. Discussions were also begun in preparation for upcoming changes to Indicator 4. The ICC and IEICs were also informed of Minnesota's involvement in the Community of Practice (CoP) through the national technical assistance (TA) centers as we continue refining our processes for Indicator 4 through an equity lens.

Local program leaders have shared strategies with colleagues during statewide meetings on successful ways to increase response rates and enhance the representativeness of our statewide data. We anticipate local program and other stakeholder involvement in future work groups or other avenues of input as we continue participation in the CoP in the coming year.

FFY 2019 SPP/APR Data

| | |
|---|-------|
| The number of families to whom surveys were distributed | 3,523 |
| Number of respondent families participating in Part C | 865 |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 787 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 864 |
| B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs | 812 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 865 |
| C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn | 794 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 863 |

| Measure | FFY 2018 Data | FFY 2019 Target | FFY 2019 Data | Status | Slippage |
|---|---------------|-----------------|---------------|---------------------|-------------|
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 92.58% | 92.00% | 91.09% | Did Not Meet Target | Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 95.35% | 94.20% | 93.87% | Did Not Meet Target | Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 94.21% | 91.80% | 92.00% | Met Target | No Slippage |

Provide reasons for part A slippage, if applicable

Initial data clarification and interpretation for slippage in meeting this target indicates a possible effect from a decrease in child count likely due to COVID-19 for a percentage of the total data included. In addition, during the data set affected by COVID-19, home visits by educational staff were not allowed per health and education department guidelines for safety of families and providers, which may have had an effect on: 1) relationships between providers and families; 2) efficacy of service provision by providers who were unfamiliar with telepractice; and 3) planned sessions that were not held due to either family choice or complicating COVID-19 factors. Also, the number of overall surveys was lower than last year. As a local control state, each district may have an individual process for how family outcomes surveys are completed, and we have identified multiple places in the current system that could allow for human error. We also found a number of districts were using old forms, and while survey questions would remain the same, this may indicate need for technical assistance for overall process with these specific districts who were informed of this error when discovered.

Our immediate steps for correcting our slippage and building a stronger family outcomes data process are the following: 1) active continued participation in a Community of Practice through national TA centers specific to Family Outcomes Surveys; 2) continued translation and dissemination of our Family Outcomes Survey as posted on our website at <https://education.mn.gov/MDE/dse/ecse/fam/>; 3) a more streamlined internal process of data entry for submitted surveys; 4) continued specific outgoing TA to districts through new leaders trainings, biannual leadership conferences, ongoing email box support, and monthly leadership calls; 5) continued exploration of equitable restructuring including possible online access in addition to the current paper format, as well as possible audible surveys for families who have vision issues or are not able to access the surveys in written formatting in any language.

Provide reasons for part B slippage, if applicable

Initial data clarification and interpretation for slippage in meeting this target indicates a possible effect from a decrease in child count likely due to COVID-19 for a percentage of the total data included. In addition, during the data set affected by COVID-19, home visits by educational staff were not allowed per health and education department guidelines for safety of families and providers, which may have had an effect on: 1) relationships between providers and families; 2) efficacy of service provision by providers who were unfamiliar with telepractice; and 3) planned sessions that were not held due to either family choice or complicating COVID-19 factors. Also, the number of overall surveys was lower than last year. As a local control state, each

district may have an individual process for how family outcomes surveys are completed, and we have identified multiple places in the current system that could allow for human error. We also found a number of districts were using old forms, and while survey questions would remain the same, this may indicate need for technical assistance for overall process with these specific districts who were informed of this error when discovered.

Our immediate steps for correcting our slippage and building a stronger family outcomes data process are the following: 1) active continued participation in a Community of Practice through national TA centers specific to Family Outcomes Surveys; 2) continued translation and dissemination of our Family Outcomes Survey as posted on our website at <https://education.mn.gov/MDE/dse/ecse/fam/>; 3) a more streamlined internal process of data entry for submitted surveys; 4) continued specific outgoing TA to districts through new leaders trainings, biannual leadership conferences, ongoing email box support, and monthly leadership calls; 5) continued exploration of equitable restructuring including possible online access in addition to the current paper format, as well as possible audible surveys for families who have vision issues or are not able to access the surveys in written formatting in any language.

| Sampling Question | Yes / No |
|--------------------|----------|
| Was sampling used? | NO |

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

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

In our current Family Outcomes Survey collection system, there is a relatively significant impact to the ability to confidently cross-reference returned surveys with our student data information system. There are opportunities for error on the part of districts copying a student’s identification number onto the survey and again on the MDE end in copying student identification numbers from our survey’s into our data collection system. In analyzing this year’s data, we were unable to include 120 survey’s in our representativeness analysis out of 865 returned forms due to inability to match student identification numbers for the purpose of correlated demographic data to the returned surveys. Of the data we were able to analyze, gender break down was within 4% of all children enrolled in Part C services with all males enrolled representing 66.5% and of those exiting representing 62.4%. When analyzing data in federal race categories, all race categories were within 0.2-2.2% with the exception of students identified as white where there were 4% more student surveys returned than those exiting. With such significant amount of data loss and such small sampling available, it is difficult to ascertain for certainty that this sample is truly representative.

Moving forward in our program improvement conversations and stakeholder engagements, we are going to continue to refine processes to minimize the impacts of human level error while increasing response rates from across all regions of the state. We are also working to increase our capacity to analyze outcomes and return rates based on the length of time a student has been in service.

Provide additional information about this indicator (optional)

4 - Prior FFY Required Actions

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

Response to actions required in FFY 2018 SPP/APR

Overall, the representativeness is relatively consistent across ethnic demographic measures across the state. However, it should be noted that White is slightly higher (4%), Asian is lower (1%) and Hispanic is lower (<2%). It should also be noted that a higher representation of parents with children diagnosed with speech and language disability and autism completed the family outcome survey. There is variability within these categorical breakdowns that also add to the demographic landscape. Lastly, we have some regional variability in return rates that are not consistent with representation of Part C population as a whole. Currently, Regions 5 and 6&8 (more rural, outstate regions with greater representation of white residents) have a higher return rate than our metro and more urban population centers.

In order to better analyze our data, it will be imperative to address the human error component of family outcome survey submission and data management to ensure that all returned surveys can be matched to a student identification number and properly included within the data set.

The MDE team will continue to explore options, participate in an inter-state Community of Practice, engage state early childhood special education leaders and families, and work to build a more seamless and reliable data infrastructure to ensure the validity and reliability of data and more importantly, ensure that families needs are met.

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

Instructions

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

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

5 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 0.46% |

| FFY | 2014 | 2015 | 2016 | 2017 | 2018 |
|--------------|-------|-------|-------|-------|-------|
| Target >= | 1.00% | 1.05% | 1.10% | 1.15% | 1.20% |
| Data | 1.06% | 0.95% | 1.03% | 1.05% | 0.93% |

Targets

| FFY | 2019 |
|--------------|-------|
| Target >= | 1.21% |

Targets: Description of Stakeholder Input

Please see Introduction for extensive and historical explanation of stakeholder involvement for review and development of each of the Indicators, including Indicator 5.

Performance and targets for Indicator 5 have been similarly reviewed by the ICC for each of the five subsequent APR submissions. On January 14, 2020, the ICC supported MDE's proposed resetting of baseline performance for child outcomes and all suggested performance targets for FFY 2019. The ICC was engaged again on January 12, 2021 to review data for the FFY2019 and targets for the FFY2020 report submissions. In light of COVID-19 impacts on child find (Birth to One), MDE with support of the ICC on January 12, 2021 is proposing Targets remain consistent with FFY19 for FFY20 for Indicator 5.

Prepopulated Data

| Source | Date | Description | Data |
|---|------------|--|--------|
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers birth to 1 with IFSPs | 633 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin | 06/25/2020 | Population of infants and toddlers birth to 1 | 67,629 |

FFY 2019 SPP/APR Data

| Number of infants and toddlers birth to 1 with IFSPs | Population of infants and toddlers birth to 1 | FFY 2018 Data | FFY 2019 Target | FFY 2019 Data | Status | Slippage |
|--|---|---------------|-----------------|---------------|---------------------|-------------|
| 633 | 67,629 | 0.93% | 1.21% | 0.94% | Did Not Meet Target | No Slippage |

Compare your results to the national data

Minnesota identified and served 0.94 percent of infants under age 1 on 12.1.2019 compared to the national rate of 1.25 percent. Minnesota's eligibility criteria has been determined by the Infant Toddler Coordinators Association (ITCA) to be fall into Category B which is moderately broad. Minnesota is the lowest of the five states that provide a free appropriate public education beginning at birth and ninth among the eleven states that have designated the State Education Agency as the lead agency for Part C.

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

Instructions

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

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

6 - Indicator Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 1.56% |

| FFY | 2014 | 2015 | 2016 | 2017 | 2018 |
|-----------|-------|-------|-------|-------|-------|
| Target >= | 2.53% | 2.60% | 2.68% | 2.75% | 2.82% |
| Data | 2.61% | 2.62% | 2.71% | 2.84% | 2.94% |

Targets

| FFY | 2019 |
|-----------|-------|
| Target >= | 3.00% |

Targets: Description of Stakeholder Input

Please see Introduction for extensive and historical explanation of stakeholder involvement for review and development of each of the Indicators, including Indicator 6.

Performance and targets for Indicator 6 have been similarly reviewed by the ICC for each of the five subsequent APR submissions. On January 14, 2020, the ICC supported MDE's proposed resetting of baseline performance for child outcomes and all suggested performance targets for FFY 2019. The ICC was engaged again on January 12, 2021 to review data for the FFY2019 and targets for the FFY2020 report submissions. In light of COVID-19 impacts on child find (Birth to Three), MDE with support of the ICC on January 12, 2021 is proposing Targets remain consistent with FFY19 for FFY20 for Indicator 6.

Prepopulated Data

| Source | Date | Description | Data |
|---|------------|--|---------|
| SY 2019-20 Child Count/Educational Environment Data Groups | 07/08/2020 | Number of infants and toddlers birth to 3 with IFSPs | 6,128 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin | 06/25/2020 | Population of infants and toddlers birth to 3 | 206,911 |

FFY 2019 SPP/APR Data

| Number of infants and toddlers birth to 3 with IFSPs | Population of infants and toddlers birth to 3 | FFY 2018 Data | FFY 2019 Target | FFY 2019 Data | Status | Slippage |
|--|---|---------------|-----------------|---------------|---------------------|-------------|
| 6,128 | 206,911 | 2.94% | 3.00% | 2.96% | Did Not Meet Target | No Slippage |

Compare your results to the national data

Minnesota identified and served 2.94 percent of infants and toddlers birth to age 3 on 12.1.2018 compared to the national rate of 3.48 percent. Minnesota's eligibility criteria has been determined by the Infant Toddler Coordinators Association (ITCA) to be fall into Category B which is moderately broad. Minnesota is third highest among the five states that provide a free appropriate public education beginning at birth and eighth among the eleven states that have designated the State Education Agency as the lead agency for Part C.

Provide additional information about this indicator (optional)

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 83.40% |

| FFY | 2014 | 2015 | 2016 | 2017 | 2018 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.64% | 97.70% | 95.83% | 96.28% | 96.22% |

Targets

| FFY | 2019 |
|--------|------|
| Target | 100% |

FFY 2019 SPP/APR Data

| Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline | Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted | FFY 2018 Data | FFY 2019 Target | FFY 2019 Data | Status | Slippage |
|--|--|---------------|-----------------|---------------|---------------------|----------|
| 106 | 148 | 96.22% | 100% | 87.84% | Did Not Meet Target | Slippage |

Provide reasons for slippage, if applicable

The data collection methods used in FFY 2019 are similar to those used in compilation of data from previous years and allow for a valid comparison of percentages between these years. The FFY 2019 data are based on MDE reviews and self-review of 29 SEAU, compared to 37 SEAU in FFY 2018.

In analyzing the identified noncompliance, ten of the 29 SEAU with records reviewed, or 34%, were identified with noncompliance. Of the ten SEAU

with noncompliance, six (60%) were found to have only one occurrence of individual student noncompliance in this area. Two SEAs each had two occurrences of individual student noncompliance. These SEAs are metro area districts, one medium sized and the other quite large. One SEA had three occurrences of individual student noncompliance. This SEA is a very large cooperative in greater Minnesota consisting of many individual districts, both large and small. No one district within this SEA was identified with more than one occurrence of individual student noncompliance related to this indicator. One very large metro area SEA was identified with five occurrences of individual student noncompliance. The SEA was ordered a corrective action plan for the systemic noncompliance.

Review of the documentation indicated delays were due primarily to scheduling issues with staff. Several SEAs reported difficulties scheduling with families, but did not have documentation to attribute the delay to exceptional family circumstances. A few comments indicated errors in calculation of the due date or weather as factor. With increasing Part C enrollment as the year progresses, many districts struggle to maintain adequate staffing; many Part C staff have high caseloads making scheduling time with families a challenge. MDE continues to train SEAs on the requirements of 34 CFR § 303.310 as well as 34 CFR § 303.343(2) which allows for involvement in IFSP meetings through other means such as using a telephone conference, having an authorized representative attend, or by making pertinent records available.

Number of documented delays attributable to exceptional family circumstances

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

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

State monitoring

Describe the method used to select EIS programs for monitoring.

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 (SEAs) which occurs on a six year monitoring cycle. In year one of the cycle, the SEA conducts a self-review of records. In year two, the SEA must demonstrate correction of any noncompliance identified in the self-review consistent with the requirements of OSEP Memo 09-02. In year three, MDE conducts an on-site review of the SEA including a review of student records, facilities, and the SEA's Total Special Education System (TSES). In year four of the cycle, the SEA must demonstrate correction of noncompliance identified during the MDE review and implement any corrective action, 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. The sixth year of the cycle provides an additional year for SEAs to implement corrective action and changes to their systems prior to the start of the new monitoring cycle and self-review of records.

As part of the record review, a computer-generated sample is used to determine the student records to be reviewed. Records are selected from the most recent SEA enrollment data and are chosen in order to be accurately representative of the SEA as a whole. Selection is based on a stratified random sampling with consideration given to race/ethnicity, age, gender, and primary disability of the 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. The FFY 2019 data are based on MDE reviews and SEA self-review of 29 SEAs, comprised of 121 individual districts.

Provide additional information about this indicator (optional)

The data collection for this indicator was not impacted by the COVID-19 pandemic. Data collection occurred through student record reviews conducted between September 15, 2019 and March 1, 2020, prior to the pandemic.

Correction of Findings of Noncompliance Identified in FFY 2018

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 10 | 10 | 0 | 0 |

FFY 2018 Findings of Noncompliance Verified as Corrected

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

SEAs with identified noncompliance are required to correct all individual student noncompliance, including possible Corrective Action Plans (CAPs) and a subsequent review of student records, in order to demonstrate the SEA is now correctly implementing 34 CFR § 303.310. As part of the CAP, the SEA must track timelines for a minimum of three months to verify the SEA is in 100% compliance with the timeline. The SEAs submit Letters of Assurance along with information on the student records that were reviewed, assuring that the SEA is now in compliance. Each individual case of noncompliance was corrected, as described below. Most LEAs with identified noncompliance in FFY 2018 had only one record cited and the noncompliance was believed to be an isolated incident. MDE believes that aside from isolated incidents of noncompliance, the SEAs are correctly implementing 34 CFR § 303.310. One CAP was ordered to address the noncompliance identified in FFY 2018. MDE has reviewed additional data from subsequent student record reviews conducted as part of an on-site review by MDE or by the LEA as part of the CAP to verify that the SEA is now correctly implementing 34 CFR § 303.310. The SEA was able to successfully complete the CAP within the required one year timeframe to demonstrate it is in compliance and now correctly implementing the requirement.

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

All record review data from FFY 2018 was collected through MDE's MNCIMP web-based data system. Once noncompliance is identified, it is tracked through the same web-based data system which includes a compliance tracking system. For post-referral timelines, when record reviews are completed and data entered into the MNCIMP system, data is requested detailing the date of the referral, the date the evaluation and assessments were completed, and the date of the IFSP meeting. This allows MDE to verify that the evaluations and assessments and IFSP meetings have been completed, although they may have been late. If the date the evaluations and assessments were completed or the date of the IFSP meeting is missing, MDE requires the SEA to submit the completed IFSP to demonstrate the evaluation and assessments and IFSP meeting has been completed, although late. If the student is no longer within the jurisdiction of the SEA, the SEA must submit to MDE the reason (moved, for example) and the date of the occurrence to release the SEA from further demonstration of correction for that specific student. Based on a review of the data, MDE verified all of the evaluations and assessments and IFSP meetings had been completed and that each SEA with noncompliance reflected in the data the State reported for this indicator had completed the evaluations and assessments and IFSP meetings, although late, for any child whose initial

evaluation and 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. All correction of individual student record noncompliance was completed within the one year timeframe.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

7 - Prior FFY Required Actions

None

7 - OSEP Response

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2018 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2018 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.

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining ten uncorrected findings of noncompliance identified in FFY 2018 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2018: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 80.40% |

| FFY | 2014 | 2015 | 2016 | 2017 | 2018 |
|--------|--------|---------|---------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.08% | 100.00% | 100.00% | 92.55% | 98.00% |

Targets

| | |
|--------|------|
| FFY | 2019 |
| Target | 100% |

FFY 2019 SPP/APR Data

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

YES

| Number of children exiting Part C who have an IFSP with transition steps and services | Number of toddlers with disabilities exiting Part C | FFY 2018 Data | FFY 2019 Target | FFY 2019 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|---------------------|----------|
| 36 | 38 | 98.00% | 100% | 94.74% | Did Not Meet Target | Slippage |

Provide reasons for slippage, if applicable

Minnesota reports slippage from the FFY 2018 rate of 98% to the FFY 2019 rate of 94.74%. This represents a decrease of 3.26%. Although the percentage of noncompliance has increased, it should be noted the increase represents only two records identified with noncompliance from two separate SEAs. This represents less than 7% of the SEAs included in the sampling. MDE believes that the noncompliance is relatively isolated in occurrence and not indicative of systemic noncompliance in the SEA or across the state. MDE has done extensive training over the past several years through the record review compliance trainings provided by the division of Compliance and Assistance. These trainings have focused on the requirement that IFSPs include transition steps and services and information required in the IFSP. MDE is in the process of developing a new training directed at new or struggling Part C and 619 providers that will cover general due process requirements in all areas, including transition from Part C to Part B.

Number of documented delays attributable to exceptional family circumstances

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

0

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

State monitoring

Describe the method used to select EIS programs for monitoring.

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 (SEAs) which is scheduled on a six year monitoring cycle. In year one of the cycle, the SEA conducts a self-review of records. In year two, the SEA must demonstrate correction of any noncompliance identified in the self-review consistent with the requirements of OSEP Memo 09-02. In year three, MDE conducts an on-site review of the SEA including a review of student records, facilities, and the SEA's Total Special Education System (TSES). In year four of the cycle, the SEA must demonstrate correction of noncompliance identified during the MDE review and implement any corrective action, 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. The sixth year of the cycle provides an additional year for SEAs to implement corrective action and changes to their systems prior to the start of the new monitoring cycle and self-review of records.

As part of the record review, a computer-generated sample is used to determine the student records to be reviewed. Records are selected from the most recent SEA enrollment data and are chosen in order to be accurately representative of the SEA as a whole. Selection is based on a stratified random sampling with consideration given to race/ethnicity, age, gender, and primary disability of the 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 exiting Part C services and determining whether the IFSPs included transition steps and services. The FFY 2019 data are based on MDE reviews and SEA self-review of 29 SEAs, comprised of 121 individual districts.

Provide additional information about this indicator (optional)

The data collection for this indicator was not impacted by the COVID-19 pandemic. Data collection occurred through record reviews conducted between September 15, 2019 and March 1, 2020, prior to the pandemic.

Correction of Findings of Noncompliance Identified in FFY 2018

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

FFY 2018 Findings of Noncompliance Verified as Corrected

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

SEAs with identified noncompliance are required to correct all individual student noncompliance, including possible Corrective Action Plans (CAPs) with a subsequent review of student records, in order to demonstrate the SEA is now correctly implementing 34 CFR § 303.344. The SEAs submit Letters of Assurance along with information on the student records that were reviewed, assuring that the SEA is now in compliance. Each individual

case of noncompliance was corrected, as described below. MDE believes that aside from isolated incidents of noncompliance, the SEAU are correctly implementing 34 CFR § 303.344.

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

All record review data from FFY 2018 was collected through MDE’s MNCIMP web-based data system. Once noncompliance is identified, it is tracked through the same web-based data system which includes a compliance tracking system. For correction of noncompliance, the SEAU must submit documentation to MDE as demonstration of correction. Resubmission is required until the SEAU can demonstrate correction. 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, all findings of noncompliance identified in FFY 2018 were corrected in FFY 2019. MDE has since verified that all records with identified noncompliance in FFY 2018 were corrected and the SEAU are now in compliance or the student is no longer within the jurisdiction of the SEAU, consistent with OSEP Memo 09-02. All correction of individual student record noncompliance was completed within the one year timeframe.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

8A - Prior FFY Required Actions

None

8A - OSEP Response

The State did not provide the reasons for delay, as required by the Measurement Table. Therefore, OSEP was unable to determine whether the State reviewed the reasons for delay.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2018 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2018 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.

8A - Required Actions

The State did not provide the reasons for delay as required by the Measurement Table. The State must report reasons for delay for FFY 2020 in its FFY 2020 SPP/APR.

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining three uncorrected findings of noncompliance identified in FFY 2018 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2018: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 100.00% |

| FFY | 2014 | 2015 | 2016 | 2017 | 2018 |
|--------|---------|---------|---------|---------|---------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

Targets

| | |
|--------|------|
| FFY | 2019 |
| Target | 100% |

FFY 2019 SPP/APR Data

Data include notification to both the SEA and LEA

YES

| Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services | Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B | FFY 2018 Data | FFY 2019 Target | FFY 2019 Data | Status | Slippage |
|---|--|---------------|-----------------|---------------|------------|-------------|
| 34 | 34 | 100.00% | 100% | 100.00% | Met Target | No Slippage |

Number of parents who opted out

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

0

Describe the method used to collect these data

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.

As part of the record review, a computer-generated sample is used to determine the student 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 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 exiting Part C services. The FFY 2019 data are based on MDE reviews and SEAU self-review of 29 SEAUs, comprised of 121 individual districts. Since Education is the lead agency for both Part C and Part B services, the notification of the LEA is a seamless process.

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

NO

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

State monitoring

Describe the method used to select EIS programs for monitoring.

Compliance monitoring of Early Intervention (EI) programs occurs by monitoring Local Education Agencies (LEAs) through special education administrative units (SEAUs) which is scheduled on a six year monitoring cycle. In year one of the cycle, the SEAU conducts a self-review of records. In year two, the SEAU must demonstrate correction of any noncompliance identified in the self-review consistent with the requirements of OSEP Memo 09-02. In year three, MDE conducts an on-site review of the SEAU including a review of student records, stakeholder interviews, facilities, and the SEAU's Total Special Education System (TSES). In year four of the cycle, the SEAU must demonstrate correction of noncompliance identified during the MDE review and implement any corrective action, again consistent with the requirements of OSEP Memo 09-02. The fifth year of the cycle is used to verify results of the implemented corrective action plan. The sixth year of the cycle provides an additional year for SEAUs to implement corrective action and changes to their systems prior to the start of the new monitoring cycle and self-review of records.

Provide additional information about this indicator (optional)

The data collection for this indicator was not impacted by the COVID-19 pandemic. Data collection occurred through record reviews conducted between September 15, 2019 and March 1, 2020, prior to the pandemic.

Correction of Findings of Noncompliance Identified in FFY 2018

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

Correction of Findings of Noncompliance Identified Prior to FFY 2018

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

8B - Prior FFY Required Actions

None

8B - OSEP Response

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 30.35% |

| FFY | 2014 | 2015 | 2016 | 2017 | 2018 |
|--------|---------|---------|---------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 96.30% | 96.97% |

Targets

| | |
|--------|------|
| FFY | 2019 |
| Target | 100% |

FFY 2019 SPP/APR Data

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

YES

| Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B | Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B | FFY 2018 Data | FFY 2019 Target | FFY 2019 Data | Status | Slippage |
|--|--|---------------|-----------------|---------------|---------------------|----------|
| 32 | 34 | 96.97% | 100% | 94.12% | Did Not Meet Target | Slippage |

Provide reasons for slippage, if applicable

Minnesota reports slippage from the FFY 2018 rate of 97% to the FFY 2019 rate of 94.12%. This represents a decrease of 2.82%. Although the percentage of noncompliance has increased, it should be noted the increase represents only two records identified with noncompliance from two separate SEAU's. This represents less than 7% of the SEAU's included in the sampling. MDE believes that the noncompliance is relatively isolated in occurrence and not indicative of systemic noncompliance in the SEAU or across the state. MDE has done extensive training over the past several years through the record review compliance trainings provided by the division of Compliance and Assistance. These trainings have highlighted the requirement of a timely transition conference for children transitioning from Part C to Part B. MDE is in the process of developing a new training directed at new or struggling Part C and 619 providers that will cover general due process requirements in all areas, including transition from Part C to Part B.

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

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

0

Number of documented delays attributable to exceptional family circumstances

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

0

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

State monitoring

Describe the method used to select EIS programs for monitoring.

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 by monitoring Local Education Agencies (LEAs) through special education administrative units (SEAU's) which is scheduled on a six year monitoring cycle. In year one of the cycle, the SEAU conducts a self-review of records. In year two, the SEAU must demonstrate correction of any noncompliance identified in the self-review consistent with the requirements of OSEP Memo 09-02. In year three, MDE conducts an on-site review of the SEAU including a review of student records, stakeholder interviews, facilities, and the SEAU's Total Special Education System (TSES). In year four of the cycle, the SEAU must demonstrate correction of noncompliance identified during the MDE review and implement any corrective action, again consistent with the requirements of OSEP Memo 09-02. The fifth year of the cycle is used to verify results of the implemented corrective action plan. The sixth year of the cycle provides an additional year for SEAU's to implement corrective action and changes to their systems prior to the start of the new monitoring cycle and self-review of records.

As part of the record review, a computer-generated sample is used to determine the student 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 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.

Provide additional information about this indicator (optional)

The data collection for this indicator was not impacted by the COVID-19 pandemic. Data collection occurred through record reviews conducted between September 15, 2019 and March 1, 2020, prior to the pandemic.

Correction of Findings of Noncompliance Identified in FFY 2018

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

FFY 2018 Findings of Noncompliance Verified as Corrected

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

SEAs with identified noncompliance are required to correct all individual student noncompliance, including possible Corrective Action Plans (CAPs) with a subsequent review of student records, in order to demonstrate the SEA is now correctly implementing 34 CFR § 303.209. The SEAs submit Letters of Assurance along with information on the student records that were reviewed, assuring that the SEA is now in compliance. Each individual case of noncompliance was corrected, as described below. Both LEAs with identified noncompliance in FFY 2018 had only one record cited and the noncompliance was believed to be an isolated incident. MDE believes that aside from isolated incidents of noncompliance, the SEAs are correctly implementing 34 CFR § 303.209.

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

All record review data from FFY 2018 was collected through MDE’s MNCIMP web-based data system. Once noncompliance is identified, it is tracked through the same web-based data system which includes a compliance tracking system. For correction of noncompliance, the SEAs must submit documentation to MDE as demonstration of correction. Resubmission is required until the SEA can demonstrate correction. If the student is no longer within the jurisdiction of the SEA, the SEA must submit to MDE the reason (moved, for example) and the date of the occurrence to release the SEA from further demonstration of correction for that specific student. Based on a review of the data, all findings of noncompliance identified in FFY 2018 were corrected in FFY 2019. MDE has since verified that all records with identified noncompliance in FFY 2018 were corrected and the SEAs are now in compliance or the student is no longer within the jurisdiction of the SEA, consistent with OSEP Memo 09-02. All correction of individual student record noncompliance was completed within the one year timeframe.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

8C - Prior FFY Required Actions

None

8C - OSEP Response

The State did not provide the reasons for delay, as required by the Measurement Table. Therefore, OSEP was unable to determine whether the State reviewed the reasons for delay.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2018 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2018 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.

8C - Required Actions

The State did not provide the reasons for delay as required by the Measurement Table. The State must report reasons for delay for FFY 2020 in its FFY 2020 SPP/APR.

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2018 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2019 and each EIS program or provider with remaining noncompliance identified in FFY 2018: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Select yes to use target ranges.

Target Range not used

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

NO

Prepopulated Data

| Source | Date | Description | Data |
|---|------------|--|------|
| SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/04/2020 | 3.1 Number of resolution sessions | 0 |
| SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/04/2020 | 3.1(a) Number resolution sessions resolved through settlement agreements | 0 |

Targets: Description of Stakeholder Input

Please see Introduction for extensive and historical explanation of stakeholder involvement for review and development of each of the Indicators, including Indicator 9.

Performance and targets have been similarly reviewed by the ICC for each of the five subsequent APR submissions. On January 14, 2020, the ICC supported MDE's proposed resetting of baseline performance for child outcomes and all suggested performance targets for FFY 2019. The ICC was engaged again on January 12, 2021 to review data and targets for the FFY2019 report submission. In light of COVID-19 impacts, MDE with support of the ICC is proposing Targets consistent with FFY19 for FFY20.

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| | |

| FFY | 2014 | 2015 | 2016 | 2017 | 2018 |
|----------|------|------|------|------|------|
| Target>= | | | | | |
| Data | | | | | |

Targets

| FFY | 2019 |
|----------|------|
| Target>= | |

FFY 2019 SPP/APR Data

| 3.1(a) Number resolutions sessions resolved through settlement agreements | 3.1 Number of resolutions sessions | FFY 2018 Data | FFY 2019 Target | FFY 2019 Data | Status | Slippage |
|--|---|----------------------|------------------------|----------------------|---------------|-----------------|
| 0 | 0 | | | | N/A | N/A |

Provide additional information about this indicator (optional)

9 - Prior FFY Required Actions

None

9 - OSEP Response

OSEP notes that this indicator is not applicable.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

| Source | Date | Description | Data |
|---|------------|---|------|
| SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 2.1 Mediations held | 0 |
| SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2019-20 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

Please see Introduction for extensive and historical explanation of stakeholder involvement for review and development of each of the Indicators, including Indicator 10.

Performance and targets have been similarly reviewed by the ICC for each of the five subsequent APR submissions. On January 14, 2020, the ICC supported MDE's proposed resetting of baseline performance for child outcomes and all suggested performance targets for FFY 2019. The ICC was engaged again on January 12, 2021 to review data and targets for the FFY2019 report submission. In light of COVID-19 impacts, MDE with support of the ICC is proposing Targets consistent with FFY19 for FFY20.

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | |

| FFY | 2014 | 2015 | 2016 | 2017 | 2018 |
|----------|------|------|------|------|------|
| Target>= | | | | | |
| Data | | | | | |

Targets

| FFY | 2019 |
|----------|------|
| Target>= | |

FFY 2019 SPP/APR Data

| 2.1.a.i Mediation agreements related to due process complaints | 2.1.b.i Mediation agreements not related to due process complaints | 2.1 Number of mediations held | FFY 2018 Data | FFY 2019 Target | FFY 2019 Data | Status | Slippage |
|--|--|-------------------------------|---------------|-----------------|---------------|--------|----------|
| | | 0 | | | | N/A | N/A |

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2019. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Designated Lead Agency Director

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

Name:

Danielle Hayden

Title:

Early Childhood Special Education Supervisor for Minnesota Department of Education

Email:

danielle.hayden@state.mn.us

Phone:

651-582-8473

Submitted on:

04/26/21 11:05:51 AM