

# 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

North Carolina



**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

#### 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.

#### Monitoring:

The North Carolina Infant-Toddler Program's (N.C. ITP) general supervision system continues to function as it has been previously described to the Office of Special Education Programs (OSEP). The N.C. ITP consists of the Early Intervention Branch (EIB), which serves as the state lead agency, and sixteen (16) Children's Developmental Services Agencies (CDSAs), which serve as the local lead agencies. Specifically, the N.C. ITP continues to conduct annual compliance monitoring by utilizing components of the state's Health Information System (HIS), which serves as the N.C. ITP's web-based data entry system, a self-assessment tool that each CDSA completes, and a record review process. The primary method for verifying data submitted through the self-assessment workbooks and for verifying demonstration of correction of noncompliance is also completed by utilizing a child record review process. As required by the OSEP 09-02 Memorandum, the N.C. EIB ensures that any identified noncompliance is corrected on two levels: (i) on a child-specific level if the child is still under the jurisdiction of the N.C. ITP and (ii) on a systemic level, through verification of new (or updated) data. Monitoring and verification of correction of identified noncompliance are completed by utilizing a combination of child record reviews and when needed, on-site verification visits.

The N.C. EIB annual compliance monitoring utilizes HIS to run child lists for the specific time period for all 16 CDSAs to review and verify related child record documentation. For FFY 2019, the N.C. EIB used three months of data, September, October, and November 2019, to review each compliance indicator. The CDSAs were responsible for ensuring that all related documentation in HIS was accurate and complete using state-designed reports prior to the N.C. EIB's review for compliance Indicators 1, 7, and 8(a)-(c).

Monitoring for each compliance indicator occurred as follows:

- **Indicator 1:** Data included all children who were enrolled in the N.C. ITP and had a new service added to their IFSPs during the months of September, October, and November 2019, whose services were due to begin within 30 days of written parental consent. The N.C. EIB verified service start dates, reasons for delay, and the documentation related to those delays.
- **Indicator 7:** Data included all children referred to each CDSA during the months of September, October, and November 2019, whose IFSP meetings were due to be held within 45 days of the referral date. The N.C. EIB verified IFSP meeting dates, reasons for delay, and the documentation related to those delays.
- **Indicator 8:** Data included all children who would be two years, nine months old (2.9) during the months of September, October, and November 2019, and for whom the following would be due: (8(a)) Transition Plans with steps and strategies; (8(b)) Notification to the Local Education Agency (LEA); and (8(c)) Transition Planning Conferences (TPCs). The N.C. EIB verified dates transition plans were developed, dates the LEAs were notified, TPC dates, reasons for delay, and the documentation related to those delays.

During the review period, the CDSAs can submit documentation to the N.C. EIB to demonstrate correction prior to a finding. CDSAs must demonstrate that correction occurred on two levels or prongs: (i) any child-specific noncompliance must be corrected unless the child is no longer within the jurisdiction of the N.C. ITP; and (ii) correction must be achieved on a systemic level, demonstrated by a review of new/updated data (i.e., data not previously reviewed), which show the regulatory provisions are being implemented correctly (i.e., with 100% compliance). The N.C. EIB monitoring staff reviews the documentation submitted, along with a review of the updated data, to determine if the CDSAs meet the requirements to correct prior to a finding being issued.

Following the verification of data reported in HIS and following review of documentation for any correction completed prior to a finding, the N.C. EIB issues letters to inform each CDSA whether it has been found in compliance with the statutory and regulatory requirements of the Individuals with Disabilities Education Act (IDEA) or whether it has findings of noncompliance. In cases where findings of noncompliance are found, the letter includes information on the number of findings, the specific statutory and regulatory provisions for which the CDSA was found to have been noncompliant, and instructions to correct the identified noncompliance as soon as possible, but not later than one year from the date the letter of noncompliance is issued. The N.C. EIB determines, based on the review of data, if the non-compliance is systemic or non-systemic. If the N.C. ITP determines that the identified non-compliance is systemic, CDSAs are required to develop a corrective action plan (CAP) within 60 days of notification of findings. If the N.C. ITP determines that the non-compliance is non-systemic, the N.C. EIB notifies the CDSA that within 90 days updated data will be reviewed to determine if they are meeting regulatory requirements (i.e. with 100% compliance). If noncompliance continues to be identified, the CDSA will be required to develop a CAP. The N.C. EIB is available to assist each CDSA with the development of its CAP, and ultimately, the N.C. EIB informs the CDSA whether the CAP is approved or needs revision.

All CAPs must include an analysis of the root cause of the noncompliance, specific steps, and strategies that the CDSA will implement to ensure full correction, and a schedule for submission of progress reports with benchmarks for progress and improvement to ensure timely correction. The N.C. EIB provides on-going monitoring of CAPs through review and verification of data both on a child-specific and a systemic basis, consistent with OSEP Memorandum 09-02.

The N.C. EIB collaborates with CDSAs to develop their CAPs and improvement plans in areas where results/outcomes are lower than expected or where results data show regression. Improvement plans are similarly tracked and verified, although the goal is improvement and progress, rather than correction and compliance.

Throughout the year, the N.C. EIB conducts data quality checks to ensure and verify the reliability, accuracy, and timeliness of data reported by the CDSAs. Several methods for data verification are utilized, including running error reports, reviewing routine data reports, requiring regular reports to be submitted for contract deliverables, and conducting on-site data verification visits. Additionally, point-in-time data are routinely provided to CDSAs to ensure that data are reliable, accurate, and valid for 616 and 618 data reporting.

#### **Dispute Resolution:**

When parents or other parties have concerns or disagreements related to their children's services, IFSPs or actions/inactions of a CDSA, efforts are made to reach out to the parent as early as possible to attempt to resolve concerns before they escalate to formal disputes or complaints. Generally, the CDSA directors or their designees try to resolve these issues informally through discussion and negotiation. The N.C. EIB is available, as needed, to provide guidance, technical assistance, and information to a CDSA and/or to help it navigate these informal discussions or negotiations with parents or other parties. Notwithstanding this upstream preventative approach, parents and others have recourse to resolve disputes. For example, parents are routinely informed of their rights and procedural safeguards at their initial contact with the CDSA and throughout the family's involvement and enrollment in the N.C. ITP. Parents are provided the Notice of Child and Family Rights booklet (Procedural Safeguards and Parent Rights Books) at required times. Available processes for dispute resolution include mediation, formal state complaint, and due process hearing requests. The N.C. EIB has designated individuals who conduct an independent investigation of any formal state complaint filed and issue formal written Findings of Facts, Conclusions of Law, within the requisite 60-day time frame, per N.C. ITP policy and IDEA requirements. An administrative law judge conducts hearings for any due process hearing request filed with the N.C. EIB.

#### **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.**

Technical assistance (TA) is a component of the N.C. EIB's general supervision system and is provided to CDSAs by N.C. EIB personnel on numerous topics for a variety of reasons. Staffing level decreases over the last five years led to the reallocation of staff resources for technical assistance needs. The N.C. EIB sought assistance from the Early Childhood Technical Assistance (ECTA) Center to help identify and address existing gaps in staffing levels and determine how best to allocate staff and resources to meet the needs of the CDSAs.

Each CDSA was assigned a single point of contact from the N.C. EIB office staff for all technical assistance questions and concerns. The TA Coordinator role provides support to CDSAs similar to the functioning of many of the federal TA centers. Each TA Coordinator serves as the primary point of contact for CDSA leadership through which to funnel any questions and support needs. For relatively simple issues, the TA Coordinator provides an immediate and appropriate response based on his/her expertise. For more complex issues outside the TA Coordinator's scope of knowledge, the respective Coordinator works with other EIB office subject matter experts who are on the TA team to develop a thorough response to CDSA questions and/or provide TA support. This technical assistance structure/framework allows for the TA team to collaboratively provide effective, consistent, and timely TA for all CDSAs.

In addition to the routine handling of inquiries and issues raised by CDSAs, TA is often delivered in response to noncompliance or improvement needs identified through state monitoring activities. In these instances, N.C. EIB TA staff help CDSAs determine the root cause of noncompliance and/or low performance and assist with the development of a CAP or an improvement plan, depending on the needs of the CDSAs. Also, as state-led program improvement initiatives and activities are planned for implementation, N.C. EIB personnel leading the improvement efforts also plan, develop, and facilitate TA and training to ensure that all strategies are implemented with fidelity.

Technical assistance is provided through various mediums, both remotely and on-site. Specific TA is often requested by a CDSA, typically pertaining to daily functions to ensure compliance with state and federal requirements and provide high-quality services to families from either the CDSA staff and/or its providers. Some examples of CDSA-identified TA needs for their leadership and management teams have included: support to revise internal practices and procedures, support to improve strategies related to data management, and help with quality improvement activities. Support is also requested when specific training and/or professional development is needed but is not available through local community partners. If the N.C. EIB is unable to address the TA need, assistance is sought from others, including the federal TA centers, such as: the National Center on Systemic Improvement (NCSI), the Center for IDEA Early Childhood Data Systems (DaSy), and the Early Childhood Technical Assistance Center (ECTA).

The N.C. EIB TA staff has developed standard operating procedures to systematically develop and approve new/revised ITP policies and procedure documents. These procedures ensure that documents that originate at the N.C. EIB are current and approved in the most efficient and timely manner. Simultaneously, it is working to identify and develop recurring TA on the basic tenants of early intervention. The TA component of the general supervision structure is continuing to be revised and enhanced through the work of the State Systemic Improvement Plan (SSIP) implementation teams that is developing a more comprehensive, targeted system of consistent statewide standards and competencies for CDSA staff and providers. The primary focus of the team's continuous efforts is to enhance priority components of a comprehensive system of personnel development (CSPD) for staff and providers of services for the N.C. ITP.

#### **Professional Development System:**

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

The N.C. EIB is the designated state entity authorized by the N.C. legislature to establish criteria for certification of personnel working with the N.C. ITP. These criteria pertain to CDSA employees or network of community service providers across the state. Primarily, the community providers provide services and supports to enrolled families and their infants and toddlers with disabilities. As part of N.C.'s professional development system, the requirements for Infant, Toddler and Family Certification (ITFC) are set forth in a guidance document that can be accessed through the following link: ([https://beearly.nc.gov/data/files/pdf/ITPPolicyandProceduresPersonnelCert\\_revised\\_2018.pdf](https://beearly.nc.gov/data/files/pdf/ITPPolicyandProceduresPersonnelCert_revised_2018.pdf)). The ITFC is obtained upon employment with a CDSA or when an enrolled community-based service provider enters into a contractual agreement with a CDSA. All service coordinators and providers of special instruction must obtain and maintain Infant, Toddler and Family Certification (ITFC). Maintenance of the ITFC requires ten (10) annual contact hours of continuing professional development that focuses on infants and toddlers either with or without disabilities, and their families, which is provided by or supported by an approved entity. The list of approved entities is updated once per year and can be found at <https://beearly.nc.gov/data/files/pdf/ContinuingProfessionalDevelopmentApprovedEntities.pdf>. Additionally, frequent emails are sent and forwarded to CDSAs to keep staff apprised of available trainings, webinars, professional development opportunities, conferences, and other useful resources.

Each CDSA enrolls community-based service providers to provide special instruction and discipline-specific services to families. Service coordination, eligibility evaluations, and child and family assessments are completed exclusively by the CDSAs and their staff. CDSAs and enrolled community-based service providers are responsible for ensuring that staff meet the continuing education requirements for the ITFC. In addition, CDSAs and enrolled community-based service providers must ensure their discipline-specific clinicians (e.g., occupational therapists, physical therapists, speech/language pathologists/therapists) comply with their professional licensure or certification requirements, and continuing education requirements.

CDSAs and enrolled community-based service providers must ensure staff are in compliance with the ITP's certification. They review and attest that staff (providers of special instruction and service coordination) have met continuing professional development requirements for annual maintenance of the ITFC. Documentation of compliance with certification and continuing education requirements for CDSA staff is provided to the N.C. EIB by each of the CDSAs. Attestations for community-based providers are maintained at the CDSAs. This helps ensure that compliance with certification and ITFC are verified on an on-going basis at CDSAs and across each CDSA's provider network.

In the early phase of the SSIP, NC EIB and stakeholder analysis of the N.C. ITP infrastructure indicated a need to expand professional development opportunities and standards by:

- Creating a system of standardized and consistent statewide professional development for CDSA staff and providers,
- Modifying the certification process, and
- Developing consistent standards for evaluation and assessment (tools), particularly around social emotional development.

The N.C. ITP has aligned its hiring and certification requirements for service coordinators and providers of special instruction to include mandatory training on how to build and support caregivers' knowledge and skills to enhance their children's development. A statewide initiative to train all CDSA staff on Coaching and Natural Learning Environments Practices has been completed and fidelity measures are being developed as part of a comprehensive coaching toolkit. In addition, EI Service Coordinators statewide have completed Resource Based Practices training and the N.C. ITP continues to provide this training to new service coordinators.

Current Professional Development initiatives in progress include:

- Training providers and new CDSA staff on Coaching and Natural Learning Environments
- Requiring CDSA staff and providers to take Prevent Child Abuse North Carolina's-Responding to Abuse and Neglect and pass a post-test with at least 80% proficiency
- Implementation of Pyramid Model complimented by Infant Mental Health competencies
- Development and implementation of two training modules for staff and providers: Orientation to EI and IFSP

#### **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).**

The N.C. ITP continues to value and obtain broad and regular input from several stakeholder groups. The N.C. Interagency Coordinating Council (ICC) is the ITP's advisory board and was instrumental in developing the State Performance Plan (SPP) targets submitted to OSEP in February 2015. The ICC, CDSAs, providers, and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to mean performance, and data that compared the N.C. ITP's data to comparable data from other states and territories. This put the N.C. ITP's data in context and helps these groups obtain perspective on how N.C. performs in comparison to previous years and to other states. For the current SPP/APR, the ICC examined five years of APR data in October 2015 to review and assess current results indicator targets. Both the ICC and the N.C. ITP leadership were also involved in the process of extending the N.C. ITP's APR goals through FFY 2019. State-wide data and trends were presented to the ICC at its November 2019 meeting to obtain their input regarding updating targets. Additional input was gathered from CDSA Directors and N.C. EIB staff at the December leadership meeting, with final FFY 2019 targets presented to the ICC and leadership at their January 2020 meetings. Final FFY 2019 APR results were reviewed by N.C. ITP leadership and the ICC, with the ICC adopting the N.C. EIB's APR and certifying it as representing ICC members' views.

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

YES

#### **Reporting to the Public:**

**How and where the State reported to the public on the FFY 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.**

The N.C. ITP disseminated the FFY 2018 SPP/APR to stakeholders through the local lead agencies (the CDSAs) and posted the FFY 2018 SPP/APR on the NC ITP's website, located at: <https://beearly.nc.gov/data/files/pdf/APRFY2018.pdf>

CDSA-specific APR indicator data, including comparisons to the State target and State actual data, are also posted on the Program's website, which can be accessed from this link: <https://beearly.nc.gov/data/files/pdf/CDSA2018Data.pdf>

#### **Intro - Prior FFY Required Actions**

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

#### **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

# 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	73.00%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	98.11%	99.12%	97.93%	99.26%	99.52%

### 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
4,395	4,694	99.52%	100%	99.04%	Did Not Meet 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.*

254

**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).**

The N.C. ITP considers timely services to start 30 days or less from the date of parent consent. Any service that starts more than 30 days from the date of consent is considered not timely and a reason for the delay must be documented in HIS.

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

State database

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

The N.C. EIB reviewed data for all children who had services added to IFSPs during the months of September, October, and November 2019. These data are entered into HIS by each of the CDSAs and include all services, start dates, and reasons for any delays.

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

For Indicator 1, a quarter of the fiscal year was used to determine compliance with the indicator. The state selected September 1, 2019 through November 30, 2019. This is considered representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The N.C. ITP is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSPs for FFY 2019.

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

Reason for Delay information:

A total of four thousand six hundred ninety-four (4,694) children with IFSPs were reviewed for this indicator. Four thousand three hundred ninety-five (4,395) of these children received their services in a timely manner. An additional two hundred fifty-four (254) children did not receive their services in a timely manner due to documented exceptional family circumstances. Therefore, 4,649 out of 4,694 children (99.04%) were provided services on their IFSPs in a timely manner (within 30 days).

There were forty-five (45) children who did not receive all their IFSP services in a timely manner due to CDSA-specific delays, including inadequate follow-up by CDSA staff, delays in referring children to service providers, delays in providers initiating services, and providers or CDSA staff being unavailable to provide services in a timely manner. This represents a noncompliance rate of 0.96%.

These data reflect substantial compliance for Indicator 1.

**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**

The N.C. ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the N.C. EIB provided written notification to the CDSA of the noncompliance). The corrective action process begins when the N.C. EIB issues formal written findings of noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the N.C. EIB to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the N.C. EIB on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for Timely Services (that new IFSP services begin within 30 days). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with the Individuals with Disabilities Education Act (IDEA) and OSEP Memorandum 09-02.

The OSEP Memorandum 09-02, clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child has moved or is no longer within the jurisdiction of the program (e.g., turned three, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new previously unreviewed data. The N.C. EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as continual review of local procedures and previously issued state guidance documents, and to assess resource and infrastructure issues that might impact each CDSA’s ability to meet statutory and regulatory timelines for the provision of timely services. Subsequent data from HIS has been reviewed for the CDSA with non-compliance in FFY 2018 and 100% compliance has been achieved by the CDSA for provision of IFSP services within the 30 day timeline.

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

One (1) CDSA accounts for the two (2) findings issued in FFY 2018. This CDSA received intensive monitoring, TA, and support from the N.C. EIB to correct the noncompliance within one year of the finding being issued. As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the N.C. EIB conducted record reviews through HIS to review the children’s records that were initially found to be noncompliant to verify subsequent correction. The N.C. EIB compares the data entered into HIS to the child’s paper record to verify that correction occurred, if correction is possible. Each of the children at issue had received services, although late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

<b>Year Findings of Noncompliance Were Identified</b>	<b>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR</b>	<b>Findings of Noncompliance Verified as Corrected</b>	<b>Findings Not Yet Verified as Corrected</b>
FFY 2015	1	1	0

**FFY 2015**

**Findings of Noncompliance Verified as Corrected**

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

The process used to determine correction of noncompliance includes an analysis of progress report information, verification of the correction of child-specific noncompliance, and review of updated (subsequent and/or new) data to verify that the timely services requirement is being implemented in accordance with the IDEA. As part of the verification process, the N.C. EIB compares the data entered into the statewide database (HIS) to documentation submitted from the child's record to ensure that the information is accurate. N.C. ITP staff also review data from HIS on a month-to-month basis to determine whether the CDSA has reached 100% compliance with the regulatory requirement for Timely Services (that new IFSP service begin within 30 days). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with the Individuals with Disabilities Education Act (IDEA) and OSEP Memorandum 09-02.

The N.C. EIB continues to address how to sustain correction of noncompliance in specific areas of the state that have significant shortages of providers and staff vacancies in clinical discipline areas that are in short supply nationally, and also difficult to effectively recruit, hire and retain in specific areas of North Carolina. Additionally, the N.C. EIB continually reviews local procedures and state-issued guidance documents to ensure that these promote and support the timely provision of services. When needed, guidance documents are revised and where appropriate, new guidance and TA are developed. Subsequent data from HIS has been reviewed for the CDSA with non-compliance in FFY 2018 and 100% compliance has been achieved by the CDSA for provision of IFSP services within the 30 day timeline.

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

As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the N.C. EIB conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The N.C. EIB compares the data entered into HIS to the child's paper record to verify that correction occurred, if correction is possible. Each of the children at issue had received services, although late.

**1 - Prior FFY Required Actions**

None

**1 - OSEP Response**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2019-June 30, 2020). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not demonstrate that the EIS program or provider corrected the finding of noncompliance identified in FFY 2015 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 the EIS program or provider with noncompliance identified in FFY 2015 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.

**1 - 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 one uncorrected finding of noncompliance identified in FFY 2015 was 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 the EIS program or provider with remaining noncompliance identified in FFY 2015 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. 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 2: Services in Natural Environments

### Instructions and Measurement

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	97.00%

FFY	2014	2015	2016	2017	2018
Target>=	98.50%	98.50%	98.50%	98.50%	98.50%
Data	99.51%	99.32%	99.55%	99.23%	99.44%

### Targets

FFY	2019
Target>=	98.50%

### Targets: Description of Stakeholder Input

The N.C. ITP continues to value and obtain broad and regular input from several stakeholder groups. The N.C. Interagency Coordinating Council (ICC) is the ITP's advisory board and was instrumental in developing the State Performance Plan (SPP) targets submitted to OSEP in February 2015. The ICC, CDSAs, providers, and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to mean performance, and data that compared the N.C. ITP's data to comparable data from other states and territories. This put the N.C. ITP's data in context and helps these groups obtain perspective on how N.C. performs in comparison to previous years and to other states. For the current SPP/APR, the ICC examined five years of APR data in October 2015 to review and assess current results indicator targets. Both the ICC and the N.C. ITP leadership were also involved in the process of extending the N.C. ITP's APR goals through FFY 2019. State-wide data and trends were presented to the ICC at its November 2019 meeting to obtain their input regarding updating targets. Additional input was gathered from CDSA Directors and N.C. EIB staff at the December leadership meeting, with final FFY 2019 targets presented to the ICC and leadership at their January 2020 meetings. Final FFY 2019 APR results were reviewed by N.C. ITP leadership and the ICC, with the ICC adopting the N.C. EIB's APR and certifying it as representing ICC members' views.

### 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	10,831
SY 2019-20 Child Count/Educational Environment Data Groups	07/08/2020	Total number of infants and toddlers with IFSPs	10,885

### 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
10,831	10,885	99.44%	98.50%	99.50%	Met Target	No Slippage

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

Data for this indicator are gathered from HIS, utilizing the December 1, 2019 headcount. There were ten thousand eight hundred eighty-five (10,885) children in the N.C. ITP's December 1, 2019 headcount. Of these 10,885 children, 54 (0.5%) did not receive early intervention services primarily in the home or community-based settings. The 99.5% of children who did receive services in the home or community-based setting is well above the state's target of 98.50%.

**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

The N.C. ITP continues to value and obtain broad and regular input from several stakeholder groups. The N.C. Interagency Coordinating Council (ICC) is the ITP's advisory board and was instrumental in developing the State Performance Plan (SPP) targets submitted to OSEP in February 2015. The ICC, CDSAs, providers, and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to mean performance, and data that compared the N.C. ITP's data to comparable data from other states and territories. This put the N.C. ITP's data in context and helps these groups obtain perspective on how N.C. performs in comparison to previous years and to other states. For the current SPP/APR, the ICC examined five years of APR data in October 2015 to review and assess current results indicator targets. Both the ICC and the N.C. ITP leadership were also involved in the process of extending the N.C. ITP's APR goals through FFY 2019. State-wide data and trends were presented to the ICC at its November 2019 meeting to obtain their input regarding updating targets. Additional input was gathered from CDSA Directors and N.C. EIB staff at the December leadership meeting, with final FFY 2019 targets presented to the ICC and leadership at their January 2020 meetings. Final FFY 2019 APR results were reviewed by N.C. ITP leadership and the ICC, with the ICC adopting the N.C. EIB's APR and certifying it as representing ICC members' views.

#### Historical Data

Outcome	Baseline	FFY	2014	2015	2016	2017	2018
A1	2008	Target>=	73.50%	73.50%	73.50%	73.50%	74.00%
A1	72.90%	Data	70.74%	71.28%	70.88%	72.07%	74.29%
A2	2008	Target>=	60.00%	60.00%	60.50%	60.50%	61.00%
A2	59.00%	Data	58.75%	58.38%	55.83%	53.13%	52.94%
B1	2008	Target>=	80.00%	80.00%	80.00%	80.00%	80.50%
B1	79.50%	Data	76.88%	76.66%	78.11%	78.16%	79.77%
B2	2008	Target>=	51.10%	51.40%	51.40%	51.40%	52.00%
B2	50.50%	Data	51.92%	50.99%	49.49%	47.01%	48.05%
C1	2008	Target>=	78.00%	78.00%	78.20%	78.20%	78.40%
C1	77.60%	Data	77.14%	76.79%	77.28%	77.01%	78.89%
C2	2008	Target>=	58.00%	58.00%	58.50%	58.60%	58.60%
C2	57.20%	Data	57.42%	57.55%	55.91%	52.53%	52.05%

#### Targets

FFY	2019
Target A1>=	74.00%
Target A2>=	61.00%
Target B1>=	80.50%
Target B2>=	52.00%
Target C1>=	78.40%
Target C2>=	58.60%

#### FFY 2019 SPP/APR Data

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

7,276

##### 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	19	0.26%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,467	20.16%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,973	27.12%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,535	34.84%

<b>Outcome A Progress Category</b>	<b>Number of children</b>	<b>Percentage of Total</b>
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,282	17.62%

<b>Outcome A</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2018 Data</b>	<b>FFY 2019 Target</b>	<b>FFY 2019 Data</b>	<b>Status</b>	<b>Slippage</b>
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,508	5,994	74.29%	74.00%	75.21%	Met Target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	3,817	7,276	52.94%	61.00%	52.46%	Did Not Meet Target	No Slippage

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

<b>Outcome B Progress Category</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	13	0.18%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,252	17.21%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,577	35.42%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,836	38.98%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	598	8.22%

<b>Outcome B</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2018 Data</b>	<b>FFY 2019 Target</b>	<b>FFY 2019 Data</b>	<b>Status</b>	<b>Slippage</b>
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	5,413	6,678	79.77%	80.50%	81.06%	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	3,434	7,276	48.05%	52.00%	47.20%	Did Not Meet Target	No Slippage

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

<b>Outcome C Progress Category</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	20	0.27%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,317	18.10%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,163	29.73%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	3,096	42.55%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	680	9.35%

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 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	5,259	6,596	78.89%	78.40%	79.73%	Met Target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	3,776	7,276	52.05%	58.60%	51.90%	Did Not Meet 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	10,213
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.	2,629

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.**

North Carolina uses the ECO COS process. CDSA staff enter initial and exit COS scores into HIS. Data from this system is uploaded daily into the Client Services Data Warehouse, where staff at both the local and state levels can run queries specifically designed to ensure that children receive COS ratings when required. Staff run queries monthly that help them identify children with initial IFSPs who have not received an initial COS rating and children who have exited the program or turned three who have not received an exit COS rating.

Annually, EIB staff coordinate a state-wide clean-up of COS data that includes running data reports of initial and exit scores for all children enrolled in the N.C. ITP. Data are checked for completeness and for any "impossible ratings." CDSA staff are notified of incomplete or impossible ratings, which staff remedy by entering corrected data into HIS or providing information on why a COS rating was not indicated for that child.

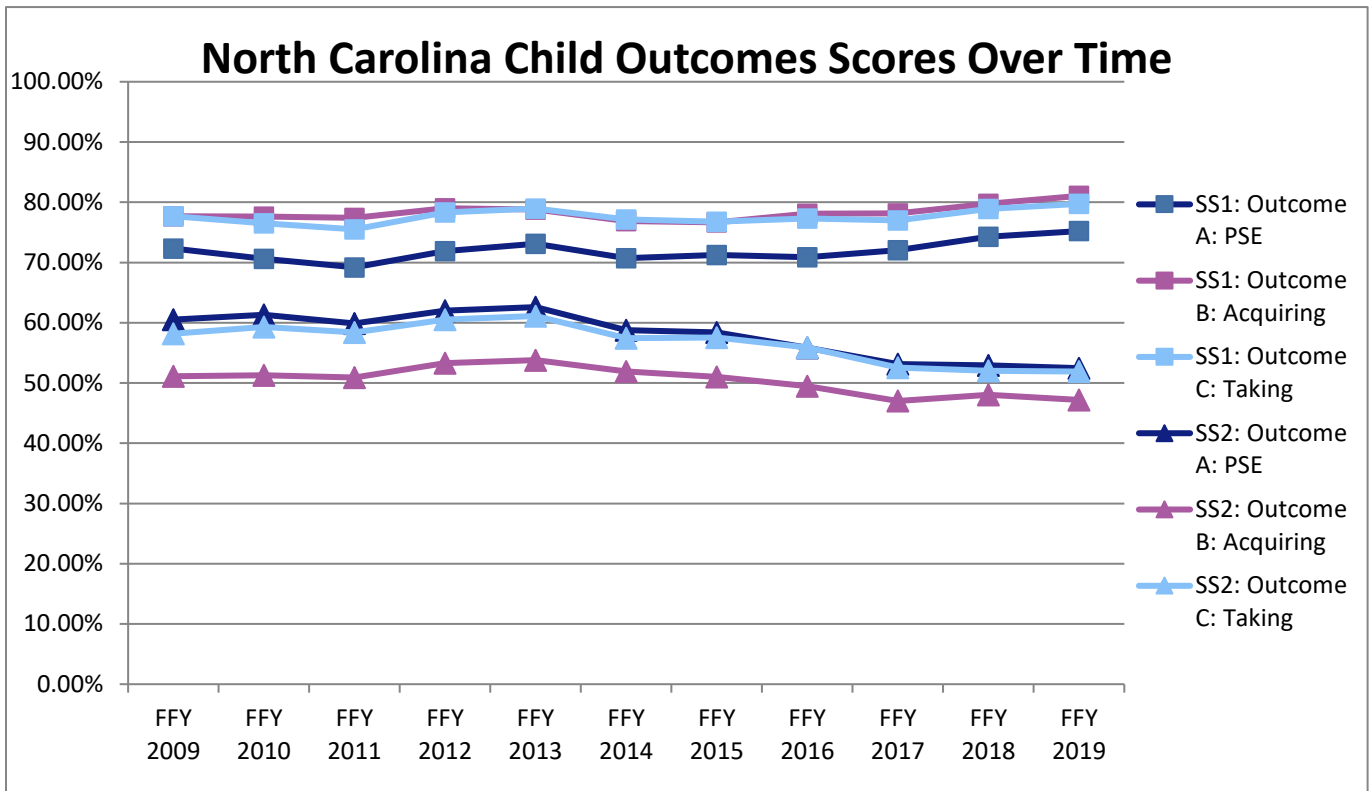
**Provide additional information about this indicator (optional)**

The N.C. ITP has seen slow but steady progress on Summary Statement 1 over the past several years. In FFY 2019, the N.C. ITP again saw increases for Summary Statement 1 in all three components of Child Outcomes. This resulted in the highest scores the N.C. ITP has ever reported for all three outcomes areas and the N.C. ITP meeting all of its targets for Summary Statement 1 for the first time since FFY 2009.

While the Summary Statement 1 data is trending upward, the N.C. ITP continued to be below its targets for all three outcome areas on Summary Statement 2. The N.C. ITP saw small decreases for Summary Statement 2 for each of the three outcomes, continuing a trend of gradual decreases since FFY 2013 (as can be seen in the graph below). While the decreases for FFY 2019 were small, the longer-term trend continues to be of concern.

The N.C. ITP's SSIP work is aimed at improving scores on Summary Statement 1, particularly for Positive Social-Emotional skills. As a part of that work, the N.C. ITP will continue to review and analyze Child Outcomes data to try to determine if changes in scores can be attributed to the SSIP work.

	FFY 16-17	FFY 17-18	FFY 18-19	FFY 19-20	Difference FFY 18-19 to FFY 19-20
Outcome A SS1	70.88%	72.07%	74.29%	75.21%	0.92
Outcome A SS2	55.83%	53.13%	52.94%	52.46%	-0.48
Outcome B SS1	78.11%	78.16%	79.77%	81.06%	1.29
Outcome B SS2	49.49%	47.01%	48.05%	47.20%	-0.85
Outcome C SS1	77.28%	77.01%	78.89%	79.73%	0.84
Outcome C SS2	55.91%	52.53%	52.05%	51.90%	-0.15



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

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2014	2015	2016	2017	2018
A	2006	Target>=	75.00%	75.00%	75.00%	76.00%	76.00%
A	70.00%	Data	80.45%	75.54%	92.84%	94.85%	95.67%
B	2006	Target>=	72.00%	72.00%	72.50%	72.50%	72.50%
B	69.00%	Data	77.19%	72.50%	94.86%	95.95%	96.38%
C	2006	Target>=	83.00%	84.00%	84.00%	84.00%	84.00%
C	80.00%	Data	85.84%	83.07%	90.76%	93.19%	93.81%

### Targets

FFY	2019
Target A>=	92.50%
Target B>=	95.00%
Target C>=	88.00%

### Targets: Description of Stakeholder Input

The N.C. ITP continues to value and obtain broad and regular input from several stakeholder groups. The N.C. Interagency Coordinating Council (ICC) is the ITP's advisory board and was instrumental in developing the State Performance Plan (SPP) targets submitted to OSEP in February 2015. The



ICC, CDSAs, providers, and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to mean performance, and data that compared the N.C. ITP's data to comparable data from other states and territories. This put the N.C. ITP's data in context and helps these groups obtain perspective on how N.C. performs in comparison to previous years and to other states. For the current SPP/APR, the ICC examined five years of APR data in October 2015 to review and assess current results indicator targets. Both the ICC and the N.C. ITP leadership were also involved in the process of extending the N.C. ITP's APR goals through FFY 2019. State-wide data and trends were presented to the ICC at its November 2019 meeting to obtain their input regarding updating targets. Additional input was gathered from CDSA Directors and N.C. EIB staff at the December leadership meeting, with final FFY 2019 targets presented to the ICC and leadership at their January 2020 meetings. Final FFY 2019 APR results were reviewed by N.C. ITP leadership and the ICC, with the ICC adopting the N.C. EIB's APR and certifying it as representing ICC members' views.

#### FFY 2019 SPP/APR Data

The number of families to whom surveys were distributed	10,728
Number of respondent families participating in Part C	2,167
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	2,036
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	2,135
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	2,057
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	2,135
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	1,997
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	2,136

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)	95.67%	92.50%	95.36%	Met Target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	96.38%	95.00%	96.35%	Met Target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	93.81%	88.00%	93.49%	Met Target	No Slippage

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

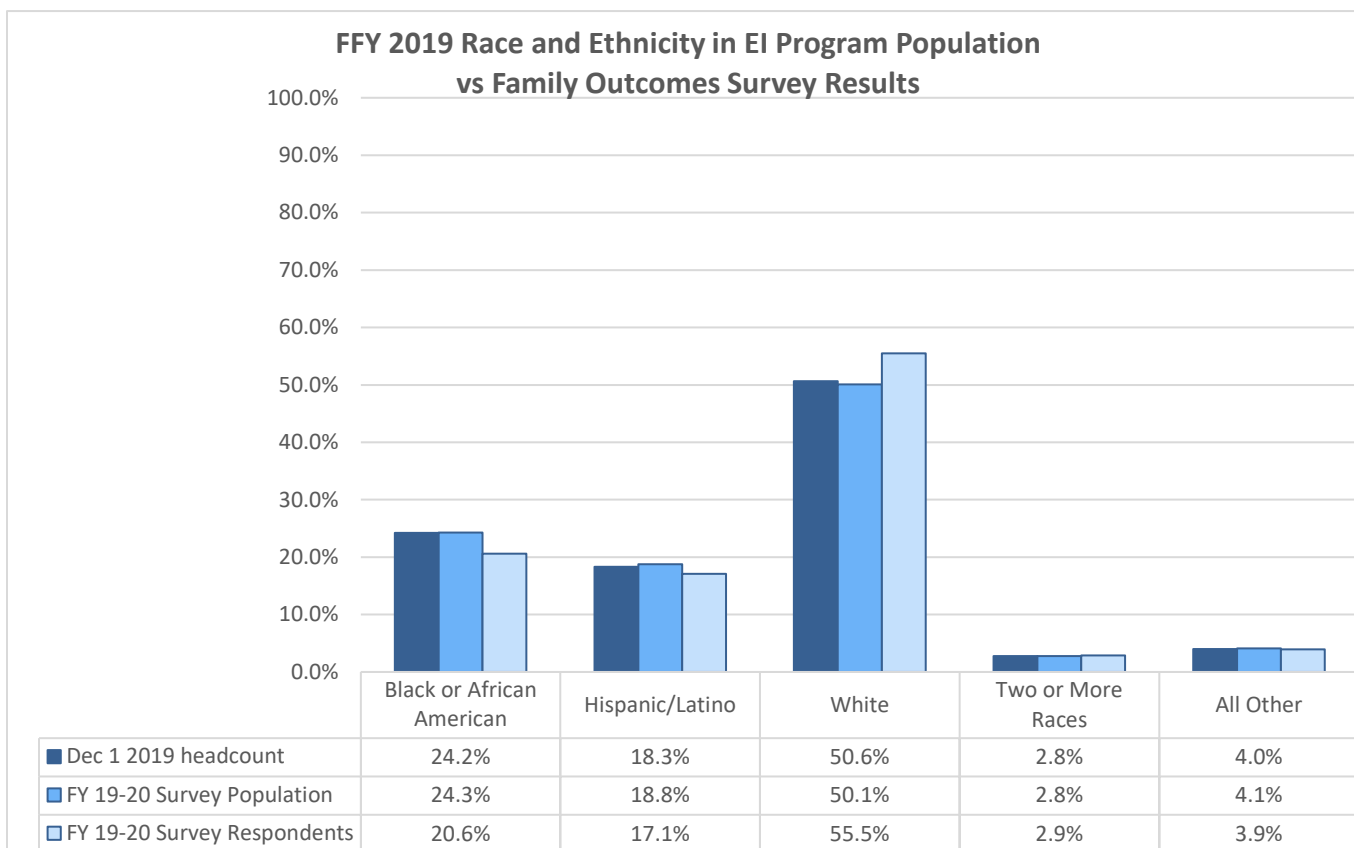
#### Include the State's analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

Families who responded to the Family Outcomes survey in FFY 2019 were generally representative of the N.C. ITP's population of children served based on its December 1, 2019 headcount, though some groups were better represented than others. Wholesale changes to both the survey instrument used and the process for collecting the data, undertaken in FFY 2016, have resulted in data that are more representative of the N.C. EIB child population. In FFY 2019:

- White children represented 50.6% of children enrolled in the N.C. ITP and their families accounted for 55.5% of survey respondents.
- Black or African American children represented 24.2% of children enrolled and their families accounted for 20.6% of survey respondents.
- Hispanic/Latino children represented 18.3% of children enrolled and their families accounted for 17.1% of survey respondents.
- Children of Two or More Races represented 2.8% of enrolled children and their families accounted for 2.9% of survey respondents.
- Children of all other races represented 4.0% of enrolled children and their families accounted for 3.9% of survey respondents.

The graph below shows the percent of children in each major race/ethnicity category, comparing their percentages on the December 1, 2019 headcount, the population to whom the survey was sent, and the population that completed the survey. Additional analysis of trends in representativeness for White,

Black or African American, and Hispanic/Latino families can be found below the graph.



Prior to FFY 2016, families of White children were significantly over-represented in the N.C. EIB's Indicator 4 data (for FFY 2015 they accounted for 68.2% of children on the N.C. ITP December 1 headcount compared to 79.2% of Family Outcomes survey respondents). As with FFYs 2016 through 2018, for FFY 2019, the percent of White respondents was more in line with their percentage of the N.C. ITP population as a whole.

After dropping for the first time in FFY 2018, representation of Hispanic/Latino families in the survey responses saw a slight rebound in FFY 2019. While the percentage of Hispanic/Latino families in the survey responses is still relatively close to their percentage of the N.C. ITP headcount, FFY 2019 represents the second year in a row that Hispanic/Latino families were under-represented at all since changes to the survey and survey process were implemented in FFY 2016.

Hispanic/Latino	% of Children on Dec 1 headcount	% of Survey Responses	Difference
FFY 16-17	16.8%	22.7%	5.9
FFY 17-18	17.2%	17.8%	0.6
FFY 18-19	18.5%	15.8%	-2.7
FFY 19-20	18.3%	17.1%	-1.2

Black or African American families continue to be slightly under-represented. After improving representation for this group in FFY 2018, in FFY 2019 the difference between the percent of Black or African American children in the N.C. ITP headcount and the percent of their families responding to the survey fell back to FFY 2017 levels.

Black or African American	% of Children on Dec 1 headcount	% of Survey Responses	Difference
FFY 16-17	25.3%	17.9%	-7.4
FFY 17-18	24.8%	21.4%	-3.4
FFY 18-19	24.2%	22.1%	-2.1
FFY 19-20	24.2%	20.6%	-3.6

While the N.C. ITP does not feel these changes are significant enough to make its Family Outcomes results no longer representative, the program is

working with its CDSAs to improve response rates overall and for families of Black or African American and Hispanic/Latino children specifically. These efforts are discussed in greater detail below.

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

The N.C. ITP exceeded its targets for FFY 2019 on all three components of this indicator.

As detailed in the FFY 2016 APR, the N.C. ITP implemented changes to the Family Outcomes survey and distribution process. The N.C. ITP went through a substantive stakeholder input process to revise the N.C. ITP's Family Outcomes Survey process to increase data quality, data sharing, and data use. This work resulted in significant changes to the Family Outcomes survey process. The new process was piloted for a single quarter with a subset of CDSAs in FFY 2016 and resulted in significant improvements in both response rate and the representativeness of the respondents. For FFY 2017, the process was expanded to all CDSAs with data collected for the entire year.

At 20.2%, the N.C. ITP's FFY 2019 response rate for the survey decreased from FFY 2018 (28.5%). While the decrease in response rate was seen across demographic groups, the decreases were more significant for families of White, Black or African American, and English-speaking children. The decrease was smaller for families of Hispanic/Latino and/or Spanish-speaking children, leading to the improved representativeness for that group noted above.

Race/Ethnicity	FFY 18-19 Response Rate	FFY 19-20 Response Rate	Difference
White	31.1%	22.4%	-8.7
Black or African American	26.2%	17.1%	-9.1
Hispanic/Latino	24.2%	18.4%	-5.8
English	29.2%	20.5%	-8.7
Spanish	23.5%	17.4%	-6.1
<b>Overall</b>	<b>28.5%</b>	<b>20.2%</b>	<b>-8.3</b>

While some of the overall decrease can be attributed to the impact of COVID-19 during the final months of the year, quarterly data tracked by the N.C. ITP tells an expanded story. As can be seen in the table below, response rates for all race/ethnicity groups were highly variable over the fiscal year, with a program-wide decrease in October-December 2019 that the N.C. ITP was already working to address when COVID-19 began to impact the state.

	July-September 2019	October-December 2019	January-March 2020	April-June 2020
Black or African American	24%	12%	17%	11%
Hispanic/Latino	22%	13%	18%	16%
Multi-race	32%	14%	24%	11%
White	26%	15%	26%	19%
Other (American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander/ Unknown)	21%	9%	20%	27%
ALL	25%	14%	22%	17%

Efforts to address the response rate drop in October-December (and the lower response rate across all quarters), include:

- Adding a check box to the IFSP form for semi-annual reviews indicating that the family was offered the Family Outcomes survey.
- Meetings with individual CDSA management to discuss their data, with a focus on representativeness and specific groups where response rates were low.
- Additional meetings with CDSAs to discuss their efforts to improve response rates and share practices that have worked for other CDSAs.
- Regular meetings with the CDSA Family Outcomes Coordinators and other CDSA and EI Branch staff to discuss program-wide data and brainstorm ideas for improving response rate and representativeness.
- Updates to the flyer sent to families about the survey to make it more family friendly and include more information on why the survey is important and what is done with the data.
- Creation of instructions in English and Spanish for completing the survey online.

As indicated in the table above, the N.C. ITP's response rate had increased for the first three months of 2020, but dropped again for April-June 2020. This second drop in scores is likely due to the impact of COVID-19 and the suspension of face-to-face visits by the program's Service Coordinators. Pre-COVID, families were offered the survey at their semi-annual IFSP review meetings. With these meetings being conducted virtually, it became more difficult to provide paper copies of the survey to families who did not have the capability to complete the survey online. Prior to COVID, nearly three-quarters of surveys were submitted as paper copies, with Black or African American, Hispanic/Latino, and American Indian or Alaska Native families being even more likely to submit on paper. For April-June 2020, nearly 70% of responses were online. This had a disparate impact on various races/ethnicities that likely explains the decreases in representativeness noted above. Additional ideas are being considered to help the most impacted groups access the survey.

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

None

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

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

OSEP notes that the State submitted verification that the attachment complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the 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 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	0.78%

FFY	2014	2015	2016	2017	2018
Target >=	1.10%	1.10%	1.15%	1.15%	1.15%
Data	1.13%	1.14%	1.18%	1.16%	1.15%

### Targets

FFY	2019
Target >=	1.15%

### Targets: Description of Stakeholder Input

The N.C. ITP continues to value and obtain broad and regular input from several stakeholder groups. The N.C. Interagency Coordinating Council (ICC) is the ITP's advisory board and was instrumental in developing the State Performance Plan (SPP) targets submitted to OSEP in February 2015. The ICC, CDSAs, providers, and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to mean performance, and data that compared the N.C. ITP's data to comparable data from other states and territories. This put the N.C. ITP's data in context and helps these groups obtain perspective on how N.C. performs in comparison to previous years and to other states. For the current SPP/APR, the ICC examined five years of APR data in October 2015 to review and assess current results indicator targets. Both the ICC and the N.C. ITP leadership were also involved in the process of extending the N.C. ITP's APR goals through FFY 2019. State-wide data and trends were presented to the ICC at its November 2019 meeting to obtain their input regarding updating targets. Additional input was gathered from CDSA Directors and N.C. EIB staff at the December leadership meeting, with final FFY 2019 targets presented to the ICC and leadership at their January 2020 meetings. Final FFY 2019 APR results were reviewed by N.C. ITP leadership and the ICC, with the ICC adopting the N.C. EIB's APR and certifying it as representing ICC members' views.

### 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	1,384
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	118,891

### FFY 2019 SPP/APR Data

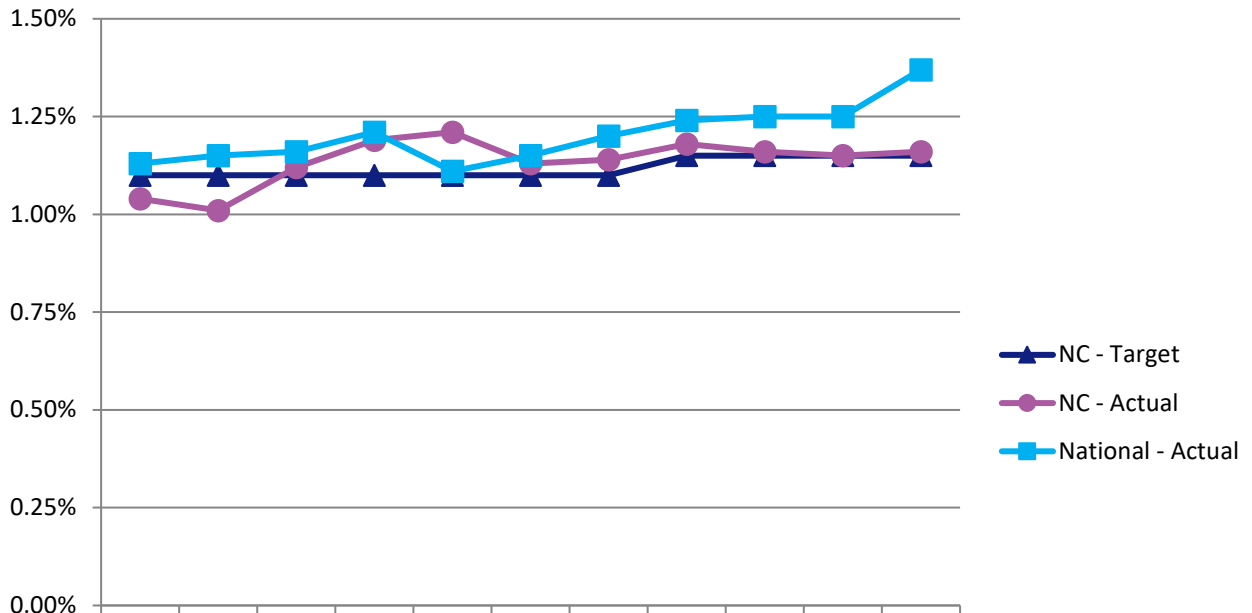
Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
1,384	118,891	1.15%	1.15%	1.16%	Met Target	No Slippage

### Compare your results to the national data

North Carolina saw its percentage of children birth to one enrolled increase in FFY 2019 (a 0.01 percentage point increase from 1.15% in FFY 2018 to 1.16% in FFY 2019). However, the national data showed a larger increase in children birth to one receiving early intervention services (a 0.12

percentage point increase from 1.25% to 1.37%). Therefore, despite continued growth in the number and percent of children birth to one served by the N.C. ITP, North Carolina continues to trail the national data on this indicator.

## Child Find - Birth-to-1 - North Carolina vs National Data



	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
NC - Target	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.10%	1.15%	1.15%	1.15%	1.15%
NC - Actual	1.04%	1.01%	1.12%	1.19%	1.21%	1.13%	1.14%	1.18%	1.16%	1.15%	1.16%
National - Actual	1.13%	1.15%	1.16%	1.21%	1.11%	1.15%	1.20%	1.24%	1.25%	1.25%	1.37%

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

In FFY 2019, the N.C. ITP provided services to 1.16% (1,384 of 118,891) of children ages birth to one in the state. This represents a slight increase from FFY 2018 and marks the ninth federal fiscal year in a row that North Carolina has met its target for percentage of children age birth to one served. (The state's target for this indicator had remained at 1.10% for almost a decade but was increased to 1.15% for FFY 2016 through FFY 2019.)

### 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	2.16%

FFY	2014	2015	2016	2017	2018
Target >=	2.70%	2.70%	2.70%	2.70%	2.75%
Data	2.77%	2.81%	2.85%	2.88%	2.96%

#### Targets

FFY	2019
Target >=	2.85%

#### Targets: Description of Stakeholder Input

The N.C. ITP continues to value and obtain broad and regular input from several stakeholder groups. The N.C. Interagency Coordinating Council (ICC) is the ITP's advisory board and was instrumental in developing the State Performance Plan (SPP) targets submitted to OSEP in February 2015. The ICC, CDSAs, providers, and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to mean performance, and data that compared the N.C. ITP's data to comparable data from other states and territories. This put the N.C. ITP's data in context and helps these groups obtain perspective on how N.C. performs in comparison to previous years and to other states. For the current SPP/APR, the ICC examined five years of APR data in October 2015 to review and assess current results indicator targets. Both the ICC and the N.C. ITP leadership were also involved in the process of extending the N.C. ITP's APR goals through FFY 2019. State-wide data and trends were presented to the ICC at its November 2019 meeting to obtain their input regarding updating targets. Additional input was gathered from CDSA Directors and N.C. EIB staff at the December leadership meeting, with final FFY 2019 targets presented to the ICC and leadership at their January 2020 meetings. Final FFY 2019 APR results were reviewed by N.C. ITP leadership and the ICC, with the ICC adopting the N.C. EIB's APR and certifying it as representing ICC members' views.

#### 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	10,885
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	361,132

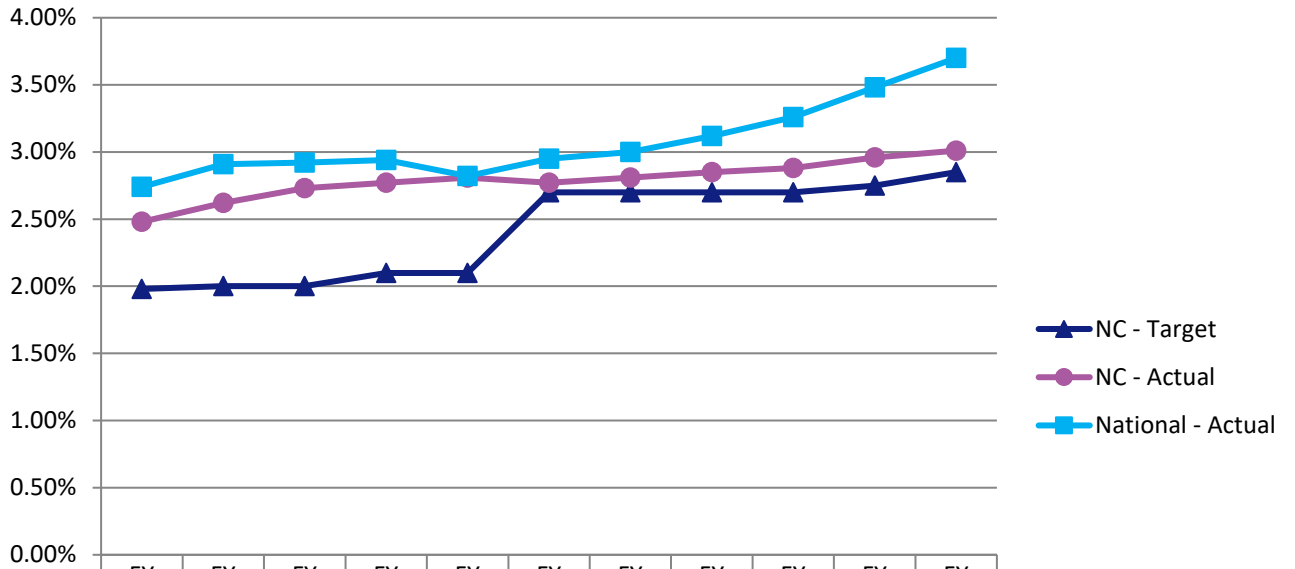
#### FFY 2019 SPP/APR Data

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
10,885	361,132	2.96%	2.85%	3.01%	Met Target	No Slippage

#### Compare your results to the national data

North Carolina saw its percentage of children birth to three enrolled increase again in FFY 2019 (a 0.05 percentage point increase from 2.96% in FFY 2018 to 3.01% in FFY 2019). However, the national data showed a larger increase in children birth to three receiving early intervention services (a 0.22 percentage point increase from 3.48% to 3.70%). Therefore, despite continued growth in the number and percent of children birth to three served by the N.C. ITP, North Carolina continues to trail the national data on this indicator.

## Child Find - Birth-to-3 - North Carolina vs National Data



	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
NC - Target	1.98%	2.00%	2.00%	2.10%	2.10%	2.70%	2.70%	2.70%	2.70%	2.75%	2.85%
NC - Actual	2.48%	2.62%	2.73%	2.77%	2.81%	2.77%	2.81%	2.85%	2.88%	2.96%	3.01%
National - Actual	2.74%	2.91%	2.92%	2.94%	2.82%	2.95%	3.00%	3.12%	3.26%	3.48%	3.70%

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

In FFY 2019, the North Carolina Infant-Toddler Program provided services to 3.01% (10,885 of 361,132) of children ages birth to three in the state. North Carolina has met its target for the percentage of children age birth to three that are enrolled and provided services through the N.C. ITP every year since FFY 2006. Over that time, the state has been increasing its target, and has continued to meet each increased percentage. The state saw a .05 percentage point increase from FFY 2018 (2.96%) to FFY 2019 (3.01%).

**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	97.00%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	99.36%	99.30%	98.56%	99.96%	99.76%

### 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
2,335	2,489	99.76%	100%	99.88%	Did Not Meet Target	No Slippage

### 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 database

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

Compliance in meeting the 45-day timeline indicator was determined via a verification review using data entered by the CDSAs into HIS for all children referred to the NC ITP during September 2019 through November 2019.

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

For Indicator 7, a quarter of the fiscal year was used to determine compliance with this indicator. The state selected September 1, 2019 through November 30, 2019. This is considered representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The N.C. ITP is confident that the chosen reporting period accurately reflects data for infants and toddlers referred and enrolled for FFY 2019.

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

Reason for Delay information:

Data on two thousand four hundred eighty-nine (2,489) children were examined to verify whether N.C. was compliant with this indicator. Two thousand three hundred thirty-five (2,335) children received an IFSP within 45 days of referral. An additional one hundred fifty-one (151) children did not receive an IFSP in a timely manner due to documented exceptional family circumstances. Therefore, 2,486 out of 2,489 children (99.88%) met the 45-day timeline measured in this indicator.

Three (3) children received evaluations/assessments and had IFSPs developed after the expiration of the 45-day timeline from the date of referral due to CDSA-specific delays, including delays by CDSA staff in scheduling evaluations and initial IFSP meetings. This represents a noncompliance rate of only 0.12%.

These data reflect substantial compliance for Indicator 7.

**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
4	4	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**

The N.C. ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the N.C. EIB provided written notification to the CDSA of the noncompliance). The corrective action process begins when the N.C. EIB issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the N.C. EIB to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the N.C. EIB on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement of the 45-day Timeline (that IFSPs are being developed within the 45-day timeline from the date of the child's referral). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with the Individuals with Disabilities Education Act (IDEA) and OSEP Memorandum 09-02.

The OSEP 09-02 Memorandum clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program (e.g., turned three, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly, is now being implemented correctly, based on a review of new, previously unreviewed data. The N.C. EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and state guidance and assess resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory timelines for the timely development of initial IFSPs. The N.C. EIB continues to address how to sustain correction of noncompliance in specific areas of the state and reviews with CDSAs its local procedures to ensure that timelines, such as the 45-day timeline from referral to eligibility and initial IFSP development (if the child is eligible and the parent decides to enroll), will be met. Subsequent data from HIS has been reviewed for the CDSAs with non-compliance in FFY 2018 and 100% compliance has been achieved by each of these CDSAs for completing the Initial IFSP meeting with families within 45 days of referral.

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

Four (4) CDSAs account for the four (4) findings issued in FFY 2018. These CDSAs received intensive monitoring, TA, and support from the N.C. EIB to correct the noncompliance within one year of the finding being issued. As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the N.C. EIB conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The N.C. EIB compares the data entered into HIS to the child's paper record to verify that correction occurred, if correction is possible. Each of the children at issue had an Initial IFSP developed, although late, unless the child was no longer within the jurisdiction of the N.C. ITP.

**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 reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2019-June 30, 2020). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## **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. 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 noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 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 = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 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	90.00%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	99.62%	98.70%	98.95%	99.59%	99.33%

**Targets**

<b>FFY</b>	<b>2019</b>
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
1,785	1,800	99.33%	100%	99.83%	Did Not Meet Target	No Slippage

**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.

12

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

State database

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

Compliance in meeting early childhood requirements for Indicator 8a was determined via a verification review process. The data used were for all toddlers who would be two years, nine months old (2.9) in September through November 2019.

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

For Indicator 8a, a quarter of the fiscal year was used to determine compliance with this indicator. The state selected September 1, 2019 through November 30, 2019 and it is considered representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The N.C. EIB is confident that the chosen reporting period accurately reflects data for infants and toddlers transitioning out of the N.C. ITP during FFY 2019.

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

Reason for Delay information:

Data on one thousand eight hundred (1,800) children were examined to verify compliance with the transition plan timeline requirement. One thousand seven hundred eighty-five (1,785) children received an IFSP with transition steps and services in a timely manner. An additional twelve (12) children did not receive a transition plan in a timely manner due to documented exceptional family circumstances. Therefore, 1,797 of 1,800 children (99.83%) were in compliance with the transition plan timeline indicator.

There were three (3) toddlers exiting Part C who were potentially eligible for Part B, for whom the transition plan was not provided at least 90 days before the toddlers' third birthdays due to CDSA-specific delays, with all three (3) delayed due to inadequate follow-up by CDSA staff. This represents a noncompliance rate of only 0.17%.

These data reflect substantial compliance for this subpart of Indicator 8a.

**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**

The N.C. ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the N.C. EIB provided written notification to the CDSA of the noncompliance). The corrective action process begins when the N.C. EIB issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the N.C. EIB to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the N.C. EIB on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for Transition Plans (that transition plans are completed for all children at least 90 days prior to their third birthday). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP Memorandum 09-02.

The 09-02 Memorandum clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take

place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program (e.g., turned three, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly, is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data. The N.C. EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and state guidance, and to assess resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements. This includes the development of timely transition plans with transition steps and services at least 90 days before a toddler's third birthday. The N.C. EIB continues to address how to sustain correction of noncompliance in specific areas of the state and continually monitors the implementation of local procedures for the transition plan timeline. Subsequent data from HIS has been reviewed for the CDSAs with non-compliance in FFY 2018 and 100% compliance has been achieved by these CDSAs for adding Transition Plans to IFSPs at least 90 days before a toddler's third birthday.

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

Two (2) CDSAs account for the two (2) findings issued in FFY 2018. These CDSAs received intensive monitoring, TA, and support from the N.C. EIB to correct the noncompliance within one year of the finding being issued. As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the N.C. EIB conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The N.C. EIB compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had a Transition Plan completed, although late unless the child was no longer within the jurisdiction of the N.C. ITP.

**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
FFY 2015	1	1	0

**FFY 2015**

**Findings of Noncompliance Verified as Corrected**

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

The N.C. ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the N.C. EIB provided written notification to the CDSA of the noncompliance). The corrective action process begins when the N.C. EIB issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the N.C. EIB to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the N.C. EIB on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for Transition Plans (that transition plans are completed for all children at least 90 days prior to their third birthday). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP Memorandum 09-02.

The 09-02 Memorandum clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program (e.g., turned three, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly, is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data. The N.C. EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and state guidance, and to assess resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements. This includes the development of timely transition plans with transition steps and services at least 90 days before a toddler's third birthday. The N.C. EIB continues to address how to sustain correction of noncompliance in specific areas of the state and continually monitors the implementation of local procedures for the transition plan timeline. Subsequent data from HIS has been reviewed for the CDSA with non-compliance in FFY 2015 and 100% compliance has been achieved by the CDSA for adding Transition Plans to IFSPs at least 90 days before a toddler's third birthday.

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

There was one (1) CDSA with an outstanding finding of noncompliance from FFY 2015. This CDSA received intensive monitoring, TA, and support from the N.C. EIB to correct the noncompliance. As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the N.C. EIB conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The N.C. EIB compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had a Transition Plan completed, although late unless the child was no longer within the jurisdiction of the N.C. ITP.

**8A - Prior FFY Required Actions**

None

**8A - OSEP Response**

**8A - 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. 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 noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program

or provider, consistent with OSEP Memo 09-02. In the FFY 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:

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 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	88.00%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	99.66%	98.92%	98.76%	99.27%	99.12%



**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
2,020	2,029	99.12%	100%	99.56%	Did Not Meet 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.

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

Compliance in meeting early childhood transition for Indicator 8b was determined via a verification review using data entered by the CDSAs into HIS for all toddlers who would be two years, nine months old in September 2019 through November 2019, and whose respective LEA should have been notified of the toddler's potential eligibility for Part B. The data included dates the LEA was notified, reasons for delays, and service notes related to those delays.

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

NO

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

State database

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

Data was collected for all toddlers who would be two years, nine months old (2.9) in September through November 2019.

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

For Indicator 8b, a quarter of the fiscal year was used to determine compliance with the indicator. The state selected September 1, 2019 through November 30, 2019 and considers this to be representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The N.C. EIB is confident that the chosen reporting period accurately reflects data for infants and toddlers transitioning out of the N.C. ITP during FFY 2019.

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

Reason for Delay information:

Data on two thousand twenty-nine (2,029) children were examined to verify compliance with the SEA/LEA notification timeline requirement. Two thousand twenty (2,020) children's records that were reviewed had LEA/SEA notifications completed in a timely manner, for a compliance rate of 99.56%.

There were nine (9) toddlers exiting Part C who were potentially eligible for Part B, for whom the SEA/LEA notification was not provided at least 90 days before the toddlers' third birthdays due to CDSA-specific delays, with all nine (9) delayed due to inadequate follow-up by CDSA staff. This represents a noncompliance rate of only 0.44%.

These data reflect substantial compliance for this subpart of Indicator 8b.

**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
4	4	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**

The N.C. ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the N.C. EIB provided written notification to the CDSA of the noncompliance). The corrective action process begins when the N.C. EIB issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the N.C. EIB to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the N.C. EIB on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance.

The process used to determine correction of noncompliance includes: analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for LEA/SEA Notifications (that LEA/SEA notification occurs at least 90 days prior to the child's third birthday). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP Memorandum 09-02.

The OSEP 09-02 Memorandum clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program (e.g., turned three, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data. The N.C. EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and state guidance, and to assess resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements. The N.C. EIB continues to address how to sustain correction of noncompliance in specific areas of the state. We continually monitor the implementation of local procedures to ensure CDSAs are providing notification to the LEA/SEA as required, at least 90 days before toddlers' third birthdays. Subsequent data from HIS has been reviewed for the CDSAs with non-compliance in FFY 2018 and 100% compliance has been achieved by each of these CDSAs for completion of LEA/SEA notification at least 90 days before a toddler's third birthday.

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

Four (4) CDSAs account for the four (4) findings issued in FFY 2018. These CDSAs received intensive monitoring, TA, and support from the N.C. EIB to correct the noncompliance within one year of the finding being issued. As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the N.C. EIB conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The N.C. EIB compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had their LEA/SEA notification completed, although late, unless the child was no longer within the jurisdiction of the N.C. ITP.

**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**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2019-June 30, 2020). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

**8B - 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. 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 noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 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 8C: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 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	81.00%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	99.81%	98.06%	98.13%	99.09%	98.75%

**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
1,686	1,723	98.75%	100%	99.54%	Did Not Meet Target	No Slippage

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.

29

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

State database

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

Compliance in meeting early childhood transition requirement for Indicator 8c was determined via a verification review using data entered by the CDSAs into HIS for all toddlers who would be two years, nine months of age in September through November 2019.

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

For Indicator 8c, a quarter of the fiscal year was used to determine compliance with the indicator. The state selected September 1, 2019 through November 30, 2019, which it considers representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The N.C. EIB is confident that the chosen reporting period accurately reflects data for infants and toddlers transitioning out of the N.C. ITP during FFY 2019.

Provide additional information about this indicator (optional)

Reason for Delay information:

One thousand seven hundred twenty-three (1,723) records were reviewed to examine the percentage of children potentially eligible for Part B for whom a timely TPC was held no later than 90 days before the child's third birthday. One thousand six hundred eighty-six (1,686) records showed that a conference was held in a timely manner and an additional twenty-nine (29) children's records showed that transition conferences were not held in a timely manner due to documented exceptional family circumstances or late referral to Part C. Therefore, 1,715 of 1,723 children (99.54%) were in compliance with the TPC timeline indicator.

There were eight (8) toddlers exiting Part C who were potentially eligible for Part B, for whom TPCs were held late (i.e., less than 90 days before the toddler's third birthday) due to CDSA-specific delays, including inadequate follow-up and delays in initiating the TPC by CDSA staff. This represents a noncompliance rate of 0.46%.

These data reflect substantial compliance for this subpart of Indicator 8c.

**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
5	5	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

The N.C. ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the N.C. EIB provided written notification to the CDSA of the noncompliance). The corrective action process begins when the N.C. EIB issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the

reasons for noncompliance. CDSAs develop CAPs with assistance from the N.C. EIB to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the N.C. EIB on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for Transition Planning Conferences (that a Transition Planning Conference occurs at least 90 days prior to the child's third birthday). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP Memorandum 09-02.

The 09-02 Memorandum clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child has moved or is no longer within the jurisdiction of the program (e.g., turned three, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly, is now being implemented correctly, based on a review of new, previously unreviewed data. The N.C. EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures, state policies and procedures, as well as any related state guidance documents in addition to assessing resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements, including conducting TPCs at least 90 days before toddlers turn three. The N.C. EIB continues to address how to sustain correction of noncompliance in specific areas of the state and continually monitors the implementation of local procedures for the transition conference timeline. Subsequent data from HIS has been reviewed for the CDSAs with non-compliance in FFY 2018 and 100% compliance has been achieved by each of these CDSAs for conducting Transition Planning Conferences at least 90 days before a toddler's third birthday.

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

Four (4) CDSAs account for the five (5) findings issued in FFY 2018 (one CDSA accounted for two findings). These CDSAs received intensive monitoring, TA, and support from the N.C. EIB to correct the noncompliance within one year of the finding being issued. As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the N.C. EIB conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The N.C. EIB compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had a TPC completed, although late, unless the child was no longer within the jurisdiction of the N.C. ITP.

**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
FFY 2015	1	1	0

**FFY 2015**

**Findings of Noncompliance Verified as Corrected**

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

The N.C. ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the N.C. EIB provided written notification to the CDSA of the noncompliance). The corrective action process begins when the N.C. EIB issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the N.C. EIB to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the N.C. EIB on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for Transition Planning Conferences (that a Transition Planning Conference occurs at least 90 days prior to the child's third birthday). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP Memorandum 09-02.

The 09-02 Memorandum clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child has moved or is no longer within the jurisdiction of the program (e.g., turned three, parent withdrew from program, child died); and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly, is now being implemented correctly, based on a review of new, previously unreviewed data. The N.C. EIB continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures, state policies and procedures, as well as any related state guidance documents in addition to assessing resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements, including conducting TPCs at least 90 days before toddlers turn three. The N.C. EIB continues to address how to sustain correction of noncompliance in specific areas of the state and continually monitors the implementation of local procedures for the transition conference timeline. Subsequent data from HIS has been reviewed for the CDSA with non-compliance in FFY 2018 and 100% compliance has been achieved by that CDSA for conducting Transition Planning Conferences at least 90 days before a toddler's third birthday.

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

There was one (1) CDSA with an outstanding finding of non-compliance from FFY 2015. This CDSA received intensive monitoring, TA, and support from the N.C. EIB to correct the noncompliance. As required in OSEP memo 09-02, to ensure that these individual instances of noncompliance were corrected where possible, the N.C. EIB conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The N.C. EIB compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had a TPC completed, although late, unless the child was no longer within the jurisdiction of the N.C. ITP.

**8C - Prior FFY Required Actions**

None

## **8C - OSEP Response**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2019-June 30, 2020). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not demonstrate that the EIS program or provider corrected the finding of noncompliance identified in FFY 2015 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 the EIS program or provider with noncompliance identified in FFY 2015 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**

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 one uncorrected finding of noncompliance identified in FFY 2015 was 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 the EIS program or provider with remaining noncompliance identified in FFY 2015 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. 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.**

YES

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

North Carolina has adopted the Part C due process procedures under section 639 of the IDEA.

### 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 EDFacts Metadata and Process System (EMAPS)).

#### Measurement

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

#### Instructions

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

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

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

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

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

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

### 10 - Indicator Data

#### Select yes to use target ranges

Target Range not used

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

NO

#### 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

The N.C. ITP continues to value and obtain broad and regular input from several stakeholder groups. The N.C. Interagency Coordinating Council (ICC) is the ITP's advisory board and was instrumental in developing the State Performance Plan (SPP) targets submitted to OSEP in February 2015. The ICC, CDSAs, providers, and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to mean performance, and data that compared the N.C. ITP's data to comparable data from other states and territories. This put the N.C. ITP's data in context and helps these groups obtain perspective on how N.C. performs in comparison to previous years and to other states. For the current SPP/APR, the ICC examined five years of APR data in October 2015 to review and assess current results indicator targets. Both the ICC and the N.C. ITP leadership were also involved in the process of extending the N.C. ITP's APR goals through FFY 2019. State-wide data and trends were presented to the ICC at its November 2019 meeting to obtain their input regarding updating targets. Additional input was gathered from CDSA Directors and N.C. EIB staff at the December leadership meeting, with final FFY 2019 targets presented to the ICC and leadership at their January 2020 meetings. Final FFY 2019 APR results were reviewed by N.C. ITP leadership and the ICC, with the ICC adopting the N.C. EIB's APR and certifying it as representing ICC members' views.

#### Historical Data

Baseline Year	Baseline Data
2005	

FFY	2014	2015	2016	2017	2018
Target>=					
Data					

#### Targets

FFY	2019



Target>=	
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**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	0	0				N/A	N/A

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

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

**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**