

GENERAL SUPERVISION MONITORING PLAN

I. Statutory and Regulatory Requirements

The Individuals with Disabilities Education Act (IDEA) requires each state to have in place a general supervision system that monitors Part C early intervention programs' implementation of the law and its regulations. This applies to all identified providers of early intervention services (EIS) in the state, whether or not they receive Part C funds. The system is accountable for enforcing the requirements and for ensuring continuous improvement. According to Sections 616 and 642 of the 2004 amendments to the IDEA, "The primary focus of Federal and State monitoring activities...shall be on-- (A) improving early intervention results and functional outcomes for all children with disabilities; and (B) ensuring that States meet the program requirements under this part, with a particular emphasis on those requirements that are most closely related to improving early intervention results for infants and toddlers with disabilities."

The Kansas Department of Health and Environment (KDHE) is the state lead agency charged with the responsibility of designing and implementing a general supervision and monitoring system that includes multiple methods to

- 1) ensure implementation of and compliance with IDEA, state regulations and policy, contract requirements, and the accountability of local programs and their providers,
- 2) provide ongoing technical assistance, training and support to local programs and their providers, and
- 3) facilitate continuous quality improvement through planning, analyzing, and evaluating programs, policies, and activities designed to improve outcomes for all children with disabilities and their families.

All actions and activities are directed or performed by Kansas Infant Toddler Services (KSITS) staff. This plan describes Kansas' general supervision and monitoring system and regulatory responsibilities of KSITS. The related activities of complaints and dispute resolution are addressed in Section V [procedural safeguards] of this manual.

II. General Supervision Elements

A. State Performance Plan/Annual Performance Report (SPP/APR)

Every state is required to have a multiple-year plan as an accountability mechanism for the state and local tiny-k programs and report annually through the submission of the APR. The SPP includes measurable indicators of and establishes targets for the state's performance in specific statutory priority areas under Part C of IDEA. The SPP and APR include compliance indicators with targets established at 100%, and performance indicators with measurable and rigorous targets established by the state with stakeholder involvement.

On an annual basis, the state is required to collect data from a variety of sources to report on its compliance and performance. Reporting includes each of the SPP/APR indicators and whether or not

the state met the targets established. If targets are not met, the APR identifies reasons, outlines correction steps, and lists improvement activities planned or implemented by the state.

B. Grant Application Process: Community Service Plans (CSP) and Continuous Improvement Plan (CIP)

KSITS requires each contracted local tiny-k program to provide a CSP on a periodic basis and a CIP annually as part of the grant funding application. The CSP describes how the local tiny-k program will follow the key principles of early intervention and provides the regulatory required services outlined under IDEA. The CIP includes narrative descriptions of local processes used to show compliance and performance of the local provider as reported to KSITS through the data system and other reporting mechanisms. Information provided through the CIP identifies strengths, concerns, local goals, and improvement activities, especially for those areas identified as below compliance requirements or state performance targets through previous monitoring actions and communications. CSPs and CIPs are submitted with annual grant applications in May of each year, and the annual grant award is dependent upon KSITS approval of the local plans.

C. Semi-Annual Reports (SAR)

KSITS requires each local tiny-k program to submit a SAR for the reporting periods January through June (due July 31) and July through December (due January 31). These reports include both a data and narrative section and monitor database accuracy, child-find activities, referral sources, evaluation/eligibility data, services provided, cumulative child counts, parental concerns and complaints resolved at the local level, local interagency coordinating council (LICC) membership and activities, and staff training. The state provides comparative feedback to the local tiny-k programs on the analysis of the SAR data, showing current performance versus prior performance, results from Federal Data Table submissions, and specific local tiny-k program performance versus statewide performance. The reports from the first half of the fiscal year (July to December) can be used to provide a pre-finding notice to local tiny-k program providers prior to the annual compliance review. The reports from both halves of the fiscal year are part of the annual compliance review consideration.

D. Random IFSP Reviews

Annually, in October, a list of all active Part C cases by local provider and case identifier is generated. The KDHE Program Analyst will determine a random sample of these cases. Sample size will be based on size of the program. The case numbers are sent via e-mail to the local coordinators on a date selected by the KSITS coordinator.

The local tiny-k coordinator will review the IFSP's from this random sample by using the Quality Indicator Rubric (QIR). The local tiny-k program will have 10 business days to review the IFSP's and submit an IFSP Review Summary and a letter of response on their internal reviews to KDHE. Local programs should address each self-identified instance of non-compliance, and quality concerns, in their return responses, along with a plan for a system of improvement. Improvement activities identified by the local program will be monitored to ensure that such activities occur.

In addition to the IFSP's that will be self-reviewed, one randomly-sampled IFSP will be selected, and a hard copy sent to KDHE with all related documents. The local tiny-k program will have two days (48 hours) to fax, email, or postmark this IFSP to KDHE. Case records received are reviewed for compliance, completeness, and for evidence-based practice quality standards using the QIR.

E. Kansas Part C Statutes and Regulations

The Kansas state statutes and regulations codify provisions of Part C requirements to ensure state authority for enforcing implementation of IDEA and associated regulations by KSITS.

F. Kansas Infant-Toddler Services Procedure Manual

Local provider activities directly impact compliance with IDEA requirements and outcomes for children with disabilities and their families. As a result, KSITS has developed a general procedure manual describing how the Part C statute and regulations are expected to be implemented by local tiny-k programs and their service providers. The manual: (1) is aligned with Part C of the IDEA, (2) is in effect statewide, and (3) ensures appropriate early intervention services, based on peer-reviewed research, are available for infants and toddlers with disabilities and their families.

In addition, data from various sources (e.g., monitoring, complaints/disputes, and surveys) is reviewed annually to form a basis for decisions about the content of the procedure manual and operating standards, and any needed revisions to ensure ongoing compliance and correct instruction for implementation of requirements.

G. Interagency Agreements

KSITS has in place several interagency agreements (memorandums of agreement [MOA] or memorandums of understanding [MOU]) identifying the responsibilities of the various state agencies in the coordination and implementation of Part C requirements and the interaction of these agencies with KSITS and local providers. These agreements also include financial obligations and procedures if disputes arise. Data from various sources (e.g., monitoring, complaints/disputes, and interagency meetings) is reviewed annually to form a basis for decisions about which interagency agreements to continue, amend, or create, and the effect of these agreements on service delivery at the local level.

H. Contracts with Local tiny-k Programs

As part of the annual grant process, KSITS contracts with individual local lead agencies identified by the Local Interagency Coordinating Council (LICC) for the provision of early intervention services. The terms of the individual contracts are designed to ensure the accountability of local tiny-k programs in implementing Part C requirements, and include a variety of assurances. Each local lead agency and tiny-k program is responsible for hiring or contracting with sufficient, qualified personnel to provide necessary services to infants and toddlers and their families. KSITS provides oversight and management of the contract with each local lead agency and also uses this information in monitoring local tiny-k program performance. Data from various sources (e.g., monitoring, complaints/disputes) is reviewed annually to make informed decisions about contracts with and grant awards to local tiny-k programs.

I. Audit Reviews

As part of the annual grant process, KSITS requires the local lead agencies to either provide a recent (within the last twelve months) agency audit or assure the audit will be provided shortly after the

completion of the local lead agency's fiscal year. Audits are monitored and reviewed for any findings or comments on the Part C portion of the local lead agency's operations. Specific procedures for how the Audit Reviews are conducted are located in the document templates of this manual.

J. Lead Agency Monitoring Activities

KSITS uses centralized monitoring activities (desk audits) to develop a comprehensive picture of each local tiny-k program's level of compliance and performance results. The activities as described in this document

- 1) are implemented fairly and consistently across local programs,
- 2) identify areas of noncompliance,
- 3) trigger effective corrective actions, technical assistance, improvement strategies, fiscal decisions, sanctions and/or incentives that ensure timely correction,
- 4) contribute to annual status determinations of local programs, and
- 5) assist in determining which local programs may receive a focused on-site monitoring visit.

K. Training and Technical Assistance (TA) System

Training and TA are critical for ensuring implementation of IDEA requirements and distributing evidence-based practices to local tiny-k programs. KSITS contracts with the Kansas Inservice Training System (KITS), affiliated with the University of Kansas, to provide technical assistance and training that is directly linked to the SPP/APR indicators, and to state monitoring requirements. These activities help local programs: 1) understand the requirements related to these indicators, and 2) develop and implement meaningful improvement plans to correct noncompliance, enhance their performance, and improve results for children and families.

L. Focused On-Site Visits

See subsections IX, X and XI of this procedure manual section for a framework for focused monitoring visits to local tiny-k programs.

M. Corrective Action Plans (CAPs) or Service Enhancement Plans (SEPs)

Kansas has chosen the first two weeks of September as the annual time period for database monitoring of the previous full fiscal year (July 1 to June 30) for identifying issues of noncompliance and reporting in the APR. Once noncompliance has been identified for a compliance indicator (#1, 7, 8, 9, and 14) and confirmed by the state, a written letter of findings will be issued. However, if the local tiny-k program can provide documentation of correction of noncompliance prior to issuance of a state finding, or state staff can determine correction of noncompliance based upon administrative records, and the provider has no further instances of noncompliance in a review of a sample set of subsequent data, the Part C Coordinator may choose to issue a finding and release letter simultaneously. Information received through non-database sources (complaints, surveys, SARs, audit findings, etc.) may also be

used outside the annual review time period to issue a finding or pre-finding notice, depending on if the nature or level of noncompliance merits issuance of a finding and imposition of a CAP requirement outside of the annual review.

Local tiny-k programs receiving a written letter of findings are required to work jointly with KSITS to develop a CAP to ensure correction of noncompliance in a timely manner, but no later than one year from written notification, and to demonstrate ongoing compliance with the IDEA requirements. KSITS, in partnership with the Kansas Inservice Training System (KITS), provides follow-up and tracks improvement and correction of noncompliance on an ongoing basis. Programs are released from CAPs when KSITS verifies both the child-specific correction of noncompliance and that each EIS program or provider is correctly implementing the specific regulatory requirements based on a review of updated data reflecting 100% compliance.

Local tiny-k programs with chronic low performance on a performance indicator (# 2, 3, 4, 5, 6, 12, and 13) may also be placed on a SEP or have modifications made to their CIP when the program is not meeting performance targets. SEPs related to low performance will be individualized depending on the performance issues or other root causes determined through investigation, and will generally include mandatory directed TA. Chronic low performance for a local tiny-k program is defined as observation of three sequential semi-annual data reviews with local percentages below the state's SPP/APR targets, or observed low performance continuing one semi-annual period beyond timeframes for improvement accepted as part of the CIP. Exceptions for programs with small enrollments will be considered as permitted by federal guidelines. SEPs for chronic low performance will be removed when subsequent semi-annual data demonstrates achievement of performance targets.

N. Complaints/Dispute Resolution Process

KSITS uses the Part C procedural safeguards (Section V of this procedure manual), and complaints and dispute resolutions submitted, to identify and correct noncompliance in the implementation of IDEA requirements and to identify components of the state supervision system needing improvement, such as policies, procedures, or written agreements. Formal dispute resolution data will be used to identify local performance issues and plan focused on-site visits.

O. Incentives and Sanctions

KSITS recognizes local tiny-k programs when they have met or exceeded the established compliance standards and targets. Programs meeting all requirements on the annual determinations are provided a letter to document their performance. The letter is to be shared with the local provider's LICC, board, and local partners.

When performance targets or compliance standards are not met, improvement is not seen, and/or noncompliance is not corrected in a timely manner, KSITS has in place a range of formalized strategies and/or sanctions for enforcement, along with a CAP/SEP template incorporating written timelines and options for meeting compliance.

III. Overview of the General Supervision and Monitoring Process

KSITS has developed a process to facilitate general supervision activities and monitor local tiny-k programs based on the following key principles:

- 1) A limited number of statistics and measures are consistently used to monitor each local tiny-k program's level of performance, including compliance. In accordance with IDEA, the measures are those that most closely align with improving results for children and families. These include the required SPP/APR indicators and other critical priority areas identified by the state with the assistance of a stakeholder group. In addition, the state ensures implementation of all IDEA requirements through the components of the state's general supervision system.
- 2) Data are reviewed and analyzed throughout the year to:
 - (a) identify emerging issues, and
 - (b) initiate preventative actions including developing and/or modifying planned training and TA (statewide and program-specific).
- 3) A select number of data sources are used to respond to the monitoring indicators. The data system produces data for as many indicators as are quantifiable, while other data collected through reports or surveys outlined by this plan are limited in scope and are used to capture indicator data not collected by other means.
- 4) Centralized analysis of data (desk audit) is used to:
 - (a) monitor all programs once annually on their performance with the SPP/APR required indicators and other state priority indicators,
 - (b) track progress in the correction of noncompliance on an ongoing basis, and
 - (c) identify targeted training and technical assistance needs to ensure improvement.
- 5) Monitoring data are used annually to address SPP indicators and develop the APR, including improvement activities.
- 6) Focused site visits are conducted to provide issue-specific monitoring and are performed when indicated by need according to compliance data and/or other sources, such as parental complaint. Although the targeted on-site monitoring visits are designed to uncover the underlying issues that contribute to programs' low performance and/or noncompliance, areas of strength are also identified to support programs in building on their assets.
- 7) Steps to ensure timely and accurate data are incorporated into monthly and quarterly grant management and database review activities at the state and program levels.

KSITS monitoring process is structured to manage the various activities requiring completion throughout the year within specific time frames for both the state office and local tiny-k programs.

IV. Collecting and Reviewing Local tiny-k Program Data

During the March/April period and at the Spring Local tiny-k Program Coordinators Meeting, KSITS prepares and presents data summarized from the KSITS database and other submitted reports to highlight and report statewide data, local comparisons to statewide data, and any positive or negative trends identified. During this period and at this meeting, local tiny-k program administrators and staff are provided information regarding changes in regulatory guidance, the general supervision of the program, establish of common expectations, and review procedures and tools that will be used for:

- A. collecting data,
- B. monitoring programs,
- C. issuing local determinations,
- D. finding and correcting noncompliance,
- E. reviewing grant applications, and
- F. providing technical assistance during the next fiscal year.

The timelines for general supervision activities are found in the following table.

Kansas Infant Toddler Services Monitoring Process Activities

Time Frame	State Monitoring Activities	Local Program Activities
April	<p>Provide data to local tiny-k programs at Spring coordinators meeting about past performance, initial determinations, changes to the monitoring process, database modifications, and survey results, as appropriate.</p> <p>Address any data errors, queries, and appeals of initial determinations.</p> <p>Submit data for Federal Tables 1 and 2</p>	<p>Submit questions or determinations appeal to KSITS, if necessary.</p> <p>Discuss areas of needed improvement with LICC and determine needed activities or changes to practices to improve performance.</p> <p>Prepare grant applications, budgets, and CIPs. Review data for completeness and mark 3rd quarter as final.</p>
May	<p>Grant applications due, along with budgets and CIPs. Review information for compliance, and any needed assurances and corrections. Summarize annual Entrance/Exit parent surveys.</p> <p>Prepare for next year of entrance/exit survey collection.</p>	<p>Submit grant applications, budgets, and CIPs.</p> <p>Review program data and plan process for completing and verifying data entry for 4th quarter by deadline.</p>
June	<p>Finalize grant reviews.</p> <p>Issue grant awards and send response letters, along with final provider determinations.</p>	<p>Address points presented in CIP response letter from the state.</p>

July - Aug	<p>Semi-annual reports (SAR) due (Jan – June period) at end of July.</p> <p>Send reminder to programs to verify all 4th quarter data entry by the end of July for sharing transition data with Part B.</p>	<p>Submit SARs.</p> <p>Review data for completeness and mark database as complete for 4th quarter and for SAR components.</p> <p>Ensure all exit data is accurate and entered into the KSITS and Outcome Web System (OWS) databases.</p> <p>Ensure accuracy and completeness of database information for the July-June reporting period by end of July.</p>
Aug	<p>Prepare and send Semi-annual data sheet updates to local tiny-k programs.</p> <p>Run test data from OWS.</p>	<p>Work with KSITS to develop CAP/SEP, if findings letter is received.</p> <p>Review SAR data sheets for possible errors and areas of needed improvement.</p>
Sept - Oct	<p>Annual database monitoring for compliance purposes is done in September (see Annual row).</p> <p>Letters of findings are sent to local providers in noncompliance.</p> <p>CAPS/SEPs are developed with local providers with findings.</p> <p>Update and prepare either Random Parent Survey or Provider Survey for mailing (alternative years), including in accordance with the sampling plan.</p> <p>Begin statewide analysis for SPP/APR submission.</p>	<p>Send requested IFSPs and the related forms within the time frame outlined by state. Return provider surveys in biennial year.</p>
Oct - Nov	<p>Sample and select random IFSPs and related forms for submission by local tiny-k programs and review by state staff.</p> <p>Collect and submit 618 data by Nov. 1 (Tables 3 and 4).</p> <p>Continue collection and summarization of survey data.</p> <p>Begin review random IFSPs submitted earlier.</p>	<p>Review data for completeness and mark 1st quarter data complete for budget and data review purposes.</p>
Nov - Dec	<p>Continue preparation of SPP/APR.</p> <p>Finalize collection of biennial survey data.</p> <p>Continue review of random IFSPs.</p>	<p>Respond to any questions from KSITS on collected data, correct any missing or erroneous entries.</p>
Dec - Jan	<p>Finalize draft SPP/APR.</p> <p>Ensure internal and external review of APR. Obtain ICC concurrence/certification.</p> <p>Inform providers of results of IFSP reviews, including TA needs (unless completed earlier).</p>	<p>Review information from IFSP reviews.</p> <p>Plan any needed policy or procedure changes.</p> <p>Arrange for any needed TA.</p>
Jan	<p>Finalize APR and SPP and submit to OSEP by February 1.</p> <p>Collect and submit 618 data by April 1 (Tables 1 and 2).</p> <p>SARs due (July – Dec period) at end of January.</p> <p>Run OWS test data.</p>	<p>Submit SARs.</p> <p>Mark database as complete for 2nd quarter for budget, SAR components, and Federal Data Tables.</p>

Feb	<p>Insure APR, SPP, and Federal Data Tables are sent to OSEP by February 1. Post SPP/APR on web.</p> <p>Prepare and publically report program performance data.</p> <p>Prepare and send Semi-annual data sheet updates to local tiny-k programs.</p> <p>Insure IFSP review results are sent to local tiny-k programs.</p>	
March	<p>Finish analysis of SAR data.</p> <p>Prepare initial program determinations, survey results, and other information for local program coordinators meeting in April.</p> <p>Send out grant application and CIP forms.</p> <p>Collect and submit Federal Data Tables 1 and 2 by April 1.</p>	<p>Submit questions to KSITS on grant and CIP process, as needed.</p>
Monthly or Quarterly	<p>Review and track submissions from providers concerning corrective action plans, make recommendations to Coordinator on additional actions or release from corrective action plan.</p> <p>Propose any needed changes to data collection efforts or policy guidance. Collect and track parent entrance/exit surveys.</p> <p>Monitor and review the submission of audits for local lead agencies, as received.</p>	<p>Submit documentation of activities addressed in corrective action plans. Remind families to complete surveys.</p>
Quarterly	<p>Database reports are run for program improvement activities, data accuracy reviews, and noncompliance monitoring.</p> <p>Recommendations for actions based on monitoring results are made to KSITS management.</p> <p>Verify receipt of SEA transition referrals for prior quarterly period with Part B.</p>	<p>Respond to quarterly reports provided, make any needed database corrections, address any questions or findings presented.</p>
Annually	<p>In September, the database is reviewed for the annual assessment of compliance and potential corrective action.</p> <p>Write directives or findings, prepare and issue CAPs/SEPs, enter information into tracking spreadsheets.</p>	<p>Respond to letters or directives from KSITS regarding compliance or issuance of corrective action plan.</p>

V. Lead Agency Procedures for Identification of Noncompliance

Kansas Department of Health and Environment (KDHE) is the state lead agency charged with the responsibility of:

- 1) identifying, investigating, and confirming instances of noncompliance,
- 2) issuing written letters of findings of noncompliance,
- 3) issuing corrective action plans, and insuring timely completion of corrective actions,
- 4) verifying timely correction of individual instances of noncompliance, and
- 5) reviewing subsequent data to ensure the federal statutes and regulations for Part C of the Individuals with Disabilities Education Act (IDEA) (Federal Public Law 108-446) are being implemented.

A. Identification of Noncompliance

In accordance with the monitoring plan outlined previously, all sources of data will be reviewed and all identified instances of suspected noncompliance will be documented. Data sources include:

- 1) Site visits
- 2) Audit finding
- 3) Desk reviews
- 4) Self-assessment surveys or reviews
- 5) State data system
- 6) State informal or formal complaint system
- 7) State due process hearing system
- 8) Semi-annual reports [Kansas-specific requirement for all local tiny-k programs submitted in July (for January to June reporting period) and January (for July to December reporting period)]
- 9) Continuous Improvement Plans (CIPs – submitted with grant filings)
- 10) Federal data tables
- 11) Parent entrance-exit surveys, and random parent and provider surveys (biennial, in alternate years)

All suspected instances of noncompliance identified by KSITS staff must be reported to the State Part C Coordinator (Coordinator) upon discovery. A Report of Noncompliance checklist (for individual instances) or other similar documentation for a more global review will be provided to the Coordinator with dates and the source of suspected noncompliance for further investigation, if needed. The

documentation will be maintained on the KSITS file, and electronic copies will be stored on the unit's confidential shared site. An electronic folder will be created for each local tiny-k program's suspected noncompliance correspondence, checklist, and evidence on the confidential shared site. A KSITS internal tracking spreadsheet will be maintained.

The state database will be reviewed on an annual basis, at minimum, to identify possible noncompliant programs based on an administrative review of records. The date of the annual review will be the first two weeks of September, and will include records for the prior federal reporting period of July 1 to June 30. Instances of potential noncompliance identified during the review of the January Semi-annual reports are used to issue pre-finding notices of possible data accuracy issues.

B. Confirmation of Noncompliance (for compliance indicators or basic rights under IDEA)

All suspected cases of noncompliance from sources outside of the KSITS database will be investigated to confirm if noncompliance has occurred. The Coordinator and any designated staff will discuss preliminary data with the local tiny-k program to determine if just cause for the perceived noncompliance exists. Noncompliance determined through KSITS database administrative records will be presumed to be valid, unless the local tiny-k program can find and correct any noncompliant records.

All instances of confirmed noncompliance identified during the data review every September will result in a written letter of findings. A finding is a written notification from the State to an early intervention services (EIS) program that contains the State's conclusion that the EIS program is in noncompliance, and includes the citation of the statute or regulation and a description of the quantitative and/or qualitative data supporting the State's conclusion that there is noncompliance with that statute or regulation.

If a review of records subsequent to the time period of noncompliance shows the local tiny-k program is correctly implementing the regulatory requirements, and shows that each instance of child-specific noncompliance has been corrected, a finding and release from finding will be issued in the same correspondence.

Unconfirmed or dismissed instances of noncompliance will be documented as such by the Report of Noncompliance checklist or other equivalent documentation and filed in the subject local tiny-k program's file.

C. Notification of Findings/Corrective Action Plan or Service Enhancement Plan

A written notification of findings will be issued as soon as possible, but no later than three months, after a confirmed determination of noncompliance or low performance is made by the Coordinator, but no later than three months from initial discovery. Written findings should include information regarding the level of noncompliance for each local tiny-k program, and the root cause or causes for the noncompliance.

A discussion and description of a history of low performance should accompany any service enhancement plan. Chronic low performance for a local tiny-k program is defined as observation of three sequential semi-annual data reviews with local percentages below the state's SPP/APR targets, or observed low performance continuing one semi-annual period beyond timeframes for improvement accepted as part of the CIP. Exceptions for programs with small enrollments will be considered as permitted by federal guidelines.

A corrective action plan should accompany or follow shortly after the written letter of findings. The plan will include a description of the noncompliance, supporting evidence, compliance actions proposed or agreed to by the local tiny-k program, technical assistance recommendations, expected outcomes and any interim steps toward compliance, and all necessary completion dates for each element. When determining the extent of the corrective plan, the Coordinator will consider whether the noncompliance:

- 1) was extensive or found in only a small percentage of files,
- 2) resulted in the denial of a basic right under the IDEA,
- 3) represented an isolated incident in the program, or
- 4) reflected a long-standing failure to meet the IDEA requirements.

The local tiny-k program will complete the compliance action section, as needed, and return the signed plan to KSITS within 14 days of the date of the letter of findings. KSITS will review the action steps to determine adequacy of corrective action or level of technical assistance needed. Once corrective actions are agreed upon between KSITS and the local tiny-k program, a final signed corrective action plan will be sent to the local tiny-k program. The corrective action plan process should be finalized within 30 days of the written letter of findings.

Copies of the written notification of findings and corrective action plan or service enhancement plan will be kept in the local tiny-k program's electronic folder of documents related to the specific instance or instances of noncompliance. Signed copies will be kept in the local tiny-k program's compliance file. Scanned signed copies will be returned to the local tiny-k program.

In instances where a finding is issued and concurrently released, such as late correction of noncompliance prior to issuance of a state finding with subsequent records found to be in compliance, the local tiny-k program will be notified in writing of the specific noncompliance issues, local tiny-k program plans for policy or procedure changes may be requested.

D. Timeline for Actions and Correction

- 1) Identification of noncompliance **(Day 1)**

Investigation of noncompliance **(within 90 days)**

Issuance of finding for confirmed noncompliance (no later than **three months** from date of confirmation)

Signed Corrective Action Plans (within **30 days** of issuance of finding)

Correction - within **one year** of issuance of finding, or additional sanctions applied

- 2) Identification of late correction of noncompliance, with review of subsequent data to determine correct implementation of regulatory requirements (**Day 1**)

Recommendation of action to Part C Coordinator (within **90 days**)

Findings letters to local tiny-k program(s) (within **30 days** of recommendation)

Corrective Action Plan and/or local tiny-k program plans for policy and procedure changes due (within **30 days** of notice letter, if needed)

Correction - within **one year** of issuance of finding, or additional sanctions applied, unless finding is released due to review of subsequent data.

The timeline for correction of noncompliance begins on the date KSITS informs the local tiny-k program **in writing** that the program has been determined noncompliant. Correction must occur as soon as possible, but no later than one year after the date of the written finding. All dates of corrective documentation submission and interim monitoring actions agreed upon in the corrective action plan will be included on the noncompliance tracking spreadsheet. Any delays in receipt of documentation or concerns about timely correction will be reported to the Coordinator. The tracking spreadsheet will be used to create reported elements on the OSEP Annual Performance Report (APR).

If correction of noncompliance does not occur within one year from identification, KSITS must track and report on any subsequent tardy correction or additional sanctions taken against any local tiny-k program continuing to show noncompliance.

E. Corrective Action Plans/Service Enhancement Plans

As stated in the KSITS noncompliance procedure CAPS and SEPs are jointly developed by the local tiny-k program and KSITS when noncompliance or chronic low performance has been identified and a finding issued. As appropriate, the CAP/SEP must include strategies related to the root cause(s) of the noncompliance. Strategies may include improving policies and procedures, improving provider knowledge and skills, receiving assistance from KSITS staff, mandating training and technical assistance from KITS, and addressing personnel issues. KSITS identifies the required evidence of change and the timelines in which local tiny-k programs are expected to make progress toward correcting noncompliance or meeting performance targets.

KSITS is responsible for providing any needed technical assistance, for either development of the CAP/SEP or for meeting progress expectations, in conjunction with its contract with KITS. Technical assistance may include support in identifying underlying causes of noncompliance and in developing appropriate strategies for improvement.

CAPs must be complete within 30 days of the notice of finding. Progress reports from the local tiny-k program are generally required as part of the CAP, and are used to verify correction of noncompliance and to help determine when a local tiny-k program can be released from a CAP. SEPs may take longer to develop and implement, depending on the issues and the plan developed.

F. Verification of Correction of Compliance

In determining correction of noncompliance, KSITS must have verification of both correction of each individual case of noncompliance, and correct implementation of regulatory requirements, by the local tiny-k program. If the noncompliance was related to a child-specific timeline requirement, documentation of any late correction must be received, unless the child representing a singular instance of noncompliance is no longer within the jurisdiction of the local tiny-k program. In addition, and even if the child no longer lives in the area served by the local tiny-k program, KSITS must verify the correct implementation of all regulatory requirements and achievement of 100% compliance by the local tiny-k program.

To demonstrate both the correction of individual cases of noncompliance, and the correct implementation of regulatory requirements, KSITS will review a subsequent set of data for the local tiny-k program previously found in noncompliance. Data selected is generally for a minimum of two months, but that timeline may be extended depending on the extent of the noncompliance. Compliance monitoring reviews of data demonstrating post-corrective actions is based on a reasonable and representative sample of records.

G. Document Templates

KSITS will maintain templates for the following documents on the confidential shared site:

- 1) Reports of Noncompliance checklist
- 2) Internal tracking spreadsheet
- 3) Written notification/sample findings letters
- 4) Corrective action plan

An electronic folder for final documents concerning instances of noncompliance will be maintained for each local tiny-k program on the confidential shared site.

H. Potential Sanctions

Chronic or uncorrected noncompliance may be addressed by additional sanctions and consequences, as outlined in “Network Accountability Guidelines” (ICC committee, 1998). These include:

- 1) News releases to the service community regarding noncompliance
- 2) Public meeting regarding noncompliance

- 3) Assignment of “interim” providers or local tiny-k program coordinators
- 4) Recoupment of materials
- 5) Withholding of grant
- 6) Provisional contract
- 7) Dissolution of contract

VI. Data System and Local tiny-k Program Responsibilities

KSITS has in place an electronic data system, which all local tiny-k programs are required to use. The data system is designed to capture data for federal data reporting (e.g., Federal Data Tables and APR indicators), as well as individualized child data related to the IFSP and service delivery. The data system is flexible and adaptable enough to quickly respond to changes in the regulatory and service environments. Automatic searches and formatted reports are available to each local tiny-k program, enabling them to monitor their data entry, timeliness, compliance with transition requirements, timely service provision, and IFSP time frame requirements. The data system provides a variety of data entry alerts and edits to assist in the collection of mandatory data elements. Each local tiny-k program is required to review and electronically mark its data in the KSITS data system as complete on a quarterly basis. As a part of the grant funding and annual contract process, the responsibility of the local tiny-k programs to provide accurate and reliable data is reinforced. Funding is tied to the review and affirmative acknowledgement of the data status.

A. Status Determinations

Annually, the state uses compliance and performance data for each local tiny-k program from all available sources to make determinations, including:

- 1) Performance on federal compliance and performance indicators
- 2) Uncorrected noncompliance from other sources
- 3) The history, nature, and length of time of any low performance or noncompliance
- 4) Evidence of correction, including progress toward performance targets or full compliance
- 5) Information regarding a local tiny-k program’s valid, reliable, and timely data entry or provision
- 6) Any audit findings
- 7) Whether data submitted by EIS programs are valid, reliable, and timely
- 8) Verification of other monitoring findings

Based on these sources, KSITS will make one of the following determinations on each local tiny-k program:

- 1) Meets Requirements
- 2) Needs Assistance
- 3) Needs Intervention
- 4) Needs Substantial Intervention

Performance indicators will be reviewed for achieving targets, or not achieving targets.

B. Definition for Determination Categories (by indicator – compliance indicators, only):

- 1) *Meets Requirements*: Local performance is at or above the target percentage for the given indicator. (0 points)
- 2) *Needs Assistance*: Local performance on a given indicator is below the target percentage for *one or two consecutive years*. (1 point)
- 3) *Needs Intervention*: Local performance on a given indicator is below the target percentage for *three consecutive years*. (2 points)
- 4) *Needs Substantial Intervention*: Local performance on a given indicator is below the target percentage for *four consecutive years*. (3 points)

C. Local tiny-k Program Determination Composite Scoring:

- | | |
|-----------------------------------|--------------|
| 1) Meets Requirements | 0 points |
| 2) Needs Assistance | 1 – 2 points |
| 3) Needs Intervention | 3 – 4 points |
| 4) Needs Substantial Intervention | ≥ 5 points |

Local tiny-k programs are required to address any individual area with a determination less than or equal to “Needs Assistance” as part of the CIP. Grant funding is dependent upon KSITS’ acceptance of the CIP.

VII. Reporting Data to the Public

In accordance with federal requirements, KSITS annually reports both state and local tiny-k program performance data to the public. The data appears on KSITS’ website to ensure broad distribution, and includes the SPP/APR submissions, SAR data sheets (which includes performance and performance comparisons on most federal indicators), and the status determinations (which compare to state targets). KSITS makes every effort to ensure the data are understandable to a wide variety of audiences, including parents, advocates, administrators, service providers, and state policy makers.

VIII. Staff Training Related to Monitoring

Training of ITS staff will be structured to ensure the following:

- 1) Reliable and valid decisions across reviewers
- 2) Transparency
- 3) Full understanding of program staff

IX. Focused Site Visits and On-site Collaborations (framework)

Data intended to support the monitoring process is collected in a variety of ways from stakeholders throughout the year, as outlined in this document. In addition to electronic data collection and periodic reporting, KSITS and KITS staff has multiple opportunities to interact with local tiny-k program leaders, providers and family members/parent training organization in person and through other communication methods throughout the year. These opportunities are conducted, at a minimum, through on-site technical assistance visits, a minimum of two Coordinator meetings, two regional meetings, and one Families Services Coordination meeting per year. Staff from KSITS and KITS also encourages consistent communication with local tiny-k programs by telephone, email, newsletters, and information provided on the KSITS <http://www.ksits.org/index.html> and KITS <http://www.kskits.org/> websites. These planned and consistent opportunities to interact with local tiny-k program and direct service providers are intended to be a part of the overall monitoring/system improvement process. These opportunities provide multiple paths for communication, relationship building, training, and technical assistance.

The on-site visit component is integral to the overall system of review designed to support the supervision process and the local tiny-k programs by providing a planned and directed face-to-face program review based upon observed need, level of local issues, severity of any deficiencies noted, or progress on any CAP outstanding.

The goals of the on-site visit/face-to-face opportunity are to accomplish the following:

- 1) Promote collaboration and communication between local tiny-k programs and KSITS and KITS in order to gain an understanding of the local provider philosophy. Provide a link between local tiny-k programs, service providers, family members, the LICC, and others in Part C services across the state.
- 2) Assist local tiny-k programs in identifying community strengths, setting and prioritizing goals for service delivery, and accomplishing these goals.
- 3) Ensure that Part C services in Kansas meet the needs of infants and toddlers with disabilities and their families in an appropriate, effective, and time manner.
- 4) Verify local information processing and reporting protocols regarding the ITS and OWS databases, and confirm reported compliance, performance, and timeliness activities. This includes a random records check, licensure review, and verification of written local policies on data entry and record keeping.

Outcomes generally expected from an on-site visit will be related to the circumstances prompting the focused visit. Those will be outlined by KSITS staff and discussed with the local tiny-k program as part of the preparation for the focused on-site visit.

X. Data Analyses Prior to On-site Visit

KSITS staff is responsible for reviewing data and information analyzed during the annual determinations process in preparation for a focused on-site visit to: determine if additional data and information is needed prior to the a focused site visit, and determine the focal point of the review based on the local tiny-k program's performance in each of the monitoring indicators or other performance measures leading to its selection. If additional data and information is requested from the local tiny-k program, this information is reviewed as part of the preparation process. Local tiny-k programs are responsible for providing additionally-requested data and information. A sample of random records will be selected for review at the on-site visit prior to the visit.

XI. Focused Site Visits

Specific processes related to site visits will be developed and added to this portion of the procedural manual in the future.

XII. Document Template: See Following Pages

a. KSITS Reports of Noncompliance Checklist

Program: _____

Concern: _____

Relevant Federal Regulation: _____

Intake:

Date of initial identification _____

Source of initial identification _____

Secondary source/Validation _____

Date of secondary validation _____

Just cause reason found? (Y/N) _____ (note reasons in comments section below)

If just cause reason found, date of completion of investigation _____

If no just cause reason found, use date of completed investigation to close the inquiry on the tracking spreadsheet.

Formal Finding:

Date of Formal Finding _____

Corrective action plan due date _____ Final signed corrective action plan date _____

One-year correction deadline _____

Deadline met? (Y/N) _____

Receipt of any required interim reporting: _____ Monthly _____ Quarterly _____ Semi-Annually

First interim report due date _____

Comments:

b. KSITS Findings Letter (on letterhead)

(Date)

(Program Name)

(Contact)

(Street Address)

(City, State, Zip Code)

Dear _____:

This letter is written to serve as notification of noncompliance, identified by KDHE, within your local tiny-k program. On _____ (date), KDHE identified the following noncompliance:

- **EXAMPLE:** IFSP's for children (# - - - -, - - - -, and - - - -) were not completed within 45 days from the receipt of the referral, and reasonable justifications for delays were not provided [34 C.F.R. 303.342(a)(b)(c)]

The Individuals with Disabilities Education Act (IDEA) requires Kansas' general supervision system (including monitoring, complaints, hearings, etc.) to identify and correct noncompliance **as soon as possible but in no case later than one year from identification** (20 U.S.C. 1416(a)(3)(B) and 1442).

KDHE, in partnership with your local tiny-k program, will work to ensure that correction occurs as soon as possible, but in no case later than one year from the date identified above. In doing so, KDHE is requesting that you complete the attached corrective action plan within 10 days of receipt of this letter.

Thank you for your assistance in this process, and please contact Kansas Infant-Toddler Services staff at (785) 296-6135 if you have any questions or concerns.

Sincerely,

Sarah Walters
Part C Coordinator
Kansas Infant-Toddler Services

cc: (Program Name) file

c. KSITS Corrective Action Plan (on letterhead)

KDHE Contact	Local Agency Name/Contact Person/Contact Information	Date Corrective Action Plan Requested	Date Corrective Action Plan Due to KDHE

I. Areas of Noncompliance

a. Failure to implement service coordination responsibilities

“Specific service coordination activities.

Service coordination activities include – (1) Coordinating the performance of evaluations and assessments; (2) Facilitating and participating in the development, review, and evaluation of individualized family service plans; ...” (34 CFR 303.23(b))

b. Failure to meet child find timelines

“Timelines for public agencies to act on referrals.

(1) Once the public agency receives a referral, it shall appoint a service coordinator as soon as possible. (2) Within 45 days after it receives a referral, the public agency shall- (i) Complete the evaluation and assessment activities in 303.322; and (ii) Hold an IFSP meeting, in accordance with 303.342.” (34 CFR 303.321(e))

II. Finding/Supportive Evidence:

According to local tiny-k program data and the semi-annual report submitted on July, 31, 2010, **75%** of initial IFSP meetings held in between Date 1 and Date 2 were conducted within forty-five days from date of referral.

III. Corrective Actions: Complete the following table to detail the actions your program will take to correct the noncompliance in a timely manner. Strategies must be identified in those areas that are contributing to the noncompliance but not necessarily in all areas identified in the table below. This plan must be submitted to KDHE for approval by _____. All noncompliance must be corrected by _____ in accordance with the evidence of change statements provided below.

Corrective Action	Strategies	Who is responsible?	Timeline
Infrastructure/Staffing			
Valid and Reliable Data			
Development/Revisions to Program Policies and Procedures			
Changes to Supervision			
Provision of Training and Technical Assistance			
Changes to Provider Practices			

IV. Required Evidence of Change	Date To Be Completed:
1. Documentation that all children referred before <u>Date</u> (for whom an initial IFSP has not been developed) have an initial IFSP or have a family reason(s) resulting in the delay.	A report is generated by _____, and submitted to KDHE by <u>Date</u> .
2. For all new referrals from <u>Date</u> until completion of this plan, monthly data on the status of the completion of initial evaluations and the development of the IFSP as well as factors contributing to any delays. IFSPs completed in the month of: <ul style="list-style-type: none"> ▪ Date 1 80% compliance Due by Date 2 ▪ Date 1 85% compliance Due by Date 2 	Monthly Reports submitted by _____ to KDHE on or before <u>Date</u> .

Signatures of individuals completing report:

Date	Agency	Title

Signature of State Official Approving CAP:

Approved	Title	Date CAP

d. KSITS Noncompliance Tracking Spreadsheet: (sample)

Program	Concern	Date of Initial Identification	Initial Source of Identification	Secondary Source/ Validation of Concern	Date of Formal Finding	Compliance Letter Date	Relevant Federal Regulation	One-Year Correction Deadline	CAP Acceptance Date	Interim Dates #1	#2	#3	#4
ABC Network Provider													

e. KSITS Internal Process – Review of Contracted Local *tiny-k* Program Audits:

Number: FY12 - 1

Date: October 15, 2012

Purpose

To document the internal process for review of local tiny-k program audits, Infant-Toddler Services response to issues or findings in the audits, and the timeframe for local tiny-k programs to respond to Infant-Toddler Services.

Process

Health Planning Consultant has been assigned as lead in Audit Review.

Audits will come into agency and Public Service Administrator will log them. She will ensure that all programs have submitted an audit annually. Audits are due within 12 months from the end date of the individual fiscal agency's fiscal year.

Health Planning Consultant will review audits using the Kansas Infant-Toddler Services Audit Review Checklist on a quarterly basis, and note any discrepancies or areas of concern.

Health planning consultant will discuss areas of concerns with Part C coordinator and additional staff as needed. Part C Coordinator will determine either that KDHE will sustain the findings of the auditor, or that corrective action needs to be taken. Documentation of corrective actions will then be requested of the local program. Any audit which does not have part C funds identified will be considered to not meet the contractual assurances as specified in the grant application, and corrective measures will be required.

Health Planning Consultant will draft letters of action to be taken by local programs. Letters will be signed by Part C Coordinator. Letters will be mailed to each local tiny-k program coordinator once per year, and a copy sent to the fiscal agent. Letters will be sent to each local program within 90 days of KDHE reviewing the audit.

Audits will be reviewed using the Kansas Infant-Toddler Services Audit Review Checklist. Any discrepancies and questioned findings will be noted. Local tiny-k programs will have 30 days after receipt of their letter, or the timeline specified within the letter, to submit a response to KDHE.

When a response is requested by KDHE, the submissions will be reviewed and a closeout letter will be sent to the local tiny-k program coordinator and the fiscal agent, within 30 days of the follow up review.

Part C Coordinator

Date

f. KDHE KSITS Audit Report (on letterhead):

Auditee (local tiny-k fiscal agency): _____

Audit Period: _____

Auditor or Audit Organization: _____

1. Audit submitted within 12 months of end of prior fiscal year.

___yes ___no Date received_____

2. Is there a line item or other indication of Part C funds identified?

___yes ___no Pages_____

- **If no Part C funds are identified, the audit will not be accepted as meeting the requirements of your contractual assurances.**

3. Internal Control Findings

___yes ___no Pages_____

4. Compliance Findings	Addressed in Audit		Findings/Comments
	YES	NO	
a. Activities allowed and not allowed			
b. Allowable Costs/Cost Principles			
c. Cash management			
d. Equipment and Real Property management			

e. Matching Level of Effort			
f. Period of Availability			
g. Procurement and Suspension and Debarment			
h. Reporting			
i. Special Tests and Provisions			

5. Individual findings

List:

6. Auditors Recommendations

List:

7. Comments:

g. KDHE KSITS Audit Report Responses:

We have reviewed the audit report prepared by _____ for the year ending, _____.

_____ 1) Subject to any subsequent findings by State or Federal Audit, we are accepting the report as final.

_____ 2) The auditors have noted findings related to:

Please submit a response as to how these findings have been or will be resolved as they relate to the Part C program. If you have questions regarding this matter, please call 785-296-6134.

Please submit your response by: _____.

_____ 3) Notwithstanding any subsequent findings by State or Federal Audit, we are accepting the *current* report as final, with the caveat that the next reporting period's audit will be reviewed to determine if recommendations have been followed or violations rectified relative to findings made in the audit as it pertains to the Kansas Part C Program.

_____ 4) We have reviewed additional information submitted by _____ relative to your audit for the year ending _____.

Subject to any subsequent findings by State or Federal Audit, we are accepting the report as final.

_____ 5) Other response:

KDHE Response Mailed: _____

Local agency response received: _____

Comments:

Quality Indicator Rubric (QIR)

Kansas Infant-Toddler Services

Introduction

IFSP development is a complex process which requires collaboration between various team/family members. It should result in a document that is understandable to all, and useful for guiding the individualized provision of services according to the Mission and Key Principles of Early Intervention.

While many tiny-k programs have developed file review checklists, it is more challenging to assess quality in a completed IFSP. This Quality Indicator Rubric is a way to review quality issues in a standardized way. It is based largely on the work of Naomi Youngren of the Educational and Developmental Intervention Services, Department of Defense. It is adapted to match the Kansas IFSP form and IFSP guidance document.

The IFSP Quality Indicator Rubric is meant to be used both internally for tiny-k programs to use as part of their continuous improvement efforts, and as a tool in the State's IFSP review process.

IFSP Rubric Completion

The intent of the QIR is to have common criteria for examining IFSP quality. To ensure the highest degree of objectivity, it is important that the reviewer rate each section based on the criteria stated on the QIR and not in light of their own expectations. Items that are considered IFSP compliance indicators are indicated by an asterisk (*). If required elements are missing from an IFSP, the IFSP would be out of compliance and considered "not acceptable" in terms of quality. Each Section of the QIR is designed to match the corresponding section located on the Kansas IFSP form.

Scoring

When making ratings regarding IFSP quality, the reviewer should read each of the criteria and determine which score seems most appropriate. The reviewer should record the rating that best matches each criteria. If the scores of the criteria are a mixture, then the overall score for a *Section* could reflect either the 1 or 3 rating. For example a mixture of ratings between 2 and 4, could result in a 3 rating for the *Section*.

A comments box is included at the bottom of each Section. This is to note a specific area of excellence or concern. This information can help when looking a continuous improvement strengths and needs.

Since there can be multiple outcomes for child and family within the IFSP, **each outcome should be reviewed separately**. The scores for each outcome should be averaged to obtain a Section score for that IFSP. Example: Outcome #1 is rated a 3. Outcome #2 is rated a 4 and Outcome #3 is rated a 3. The Section Rating would be a 10/3 or

3.33. Individual outcome criteria pages will need to be added for each outcome within the IFSP. The document is designed with that information on a separate page, so these can be easily printed and added.

Any rating less than 4 for a section should give a provider/ program an idea for quality improvement. It is understood that IFSPs are developed with families where it may take time to develop a relationship, families and practitioners may be busy, and interruptions are likely to occur. It is not the expectation that every IFSP will score a 4 on each criterion. However, it is the expectation that providers/programs are analyzing the quality of their work and identifying opportunities for improvement.

Please remember to refer to the Kansas Infant Toddler Services IFSP Guidance document for further information on developing an IFSP. Forms that are required as part of the IFSP process may be found at:

<http://www.ksits.org/forms.htm>

IFSP Review Process/Quality Indicator Rubric

Child and Family Info/ Important dates		Section Total _____	
0 Not Acceptable	2 Acceptable	4 Best Practice	
<input type="checkbox"/> Incomplete fields. <input type="checkbox"/> Missing Designation for IFSP. (<i>initial, annual, review</i>) <input type="checkbox"/> Dates on IFSP do not match database or other required paperwork.*	<input type="checkbox"/> All fields completed <input type="checkbox"/> IFSP designation is checked <input type="checkbox"/> Important dates match what is put into the database	<input type="checkbox"/> All criteria from Rubric #2 are met. <input type="checkbox"/> KIDS ID # is indicated/pending <input type="checkbox"/> N/A used to show fields not used at this time <input type="checkbox"/> All dates match other required paperwork	
Comments:			
Eligibility		Section Total _____	
0 Not Acceptable	2 Acceptable	4 Best Practice	
<input type="checkbox"/> No reason for eligibility is indicated.* <input type="checkbox"/> No description of reason for automatic eligibility or informed clinical opinion is indicated. <input type="checkbox"/> No Multidisciplinary team members are indicated.	<input type="checkbox"/> Reason for eligibility is checked. Choose one: <input type="checkbox"/> Automatic qualifying condition is identified. <input type="checkbox"/> Informed clinical opinion reason is given in terms of assessments used. <input type="checkbox"/> Multidisciplinary Team Members are indicated.	<input type="checkbox"/> Reason for eligibility is checked. Choose one: <input type="checkbox"/> Automatic qualifying condition is listed. <input type="checkbox"/> Informed clinical opinion decision is fully explained, including information regarding functioning. <input type="checkbox"/> Multidisciplinary Team Members are indicated including the discipline.	
Comments:			
Family Service Coordination		Section Total _____	
0 Not Acceptable	2 Acceptable	4 Best Practice	
<input type="checkbox"/> Family Service Coordinator not identified.*	<input type="checkbox"/> Family Service Coordinator identified without contact information.	<input type="checkbox"/> Family Service Coordinator identified with contact information.	
Comments:			

Health		Section Total _____
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> One or more sections in Health are not complete.* <input type="checkbox"/> No information regarding Primary Care Physician. <input type="checkbox"/> No information regarding insurance, Medicaid, or dr. orders is included.	<input type="checkbox"/> Information regarding Primary Care Physician is complete. <input type="checkbox"/> Information regarding insurance, Medicaid, or dr. orders is included <input type="checkbox"/> Health information includes at least some information regarding current medical conditions, health history, medications, oral health, family history, health precautions and safety and immunizations and Kan Be Healthy. <input type="checkbox"/> Information regarding Nutrition, Vision and Hearing is included.	<input type="checkbox"/> All information in Rubric #2 is included. <input type="checkbox"/> Health information includes information in all relevant areas. <input type="checkbox"/> Source of health information is included. <i>(Parent report, medical record, doctor report, etc.)</i> <input type="checkbox"/> Nutrition, vision, and hearing include information regarding screening protocols used, and needed follow up information. <input type="checkbox"/> Information regarding immunization and Kan Be Healthy Screenings are included.
Comments:		

My Child's Story (MCS)		Section Total _____
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> No or limited information regarding types of information used to develop the My Child's Story.* <input type="checkbox"/> One or more of the ECO areas are not completed.* <input type="checkbox"/> Technical jargon is used and not defined <input type="checkbox"/> Development is described in terms of isolated evaluation tasks or skills. <input type="checkbox"/> Items listed directly from CBA protocol. <input type="checkbox"/> One or more developmental domains are not addressed.*	<input type="checkbox"/> Listing of all relevant types of information used to develop My Child's Story. <input type="checkbox"/> All ECO areas are completed. <input type="checkbox"/> Observations and reports of child's functional abilities are described in terms of daily learning opportunities in context of family routines and activities. <input type="checkbox"/> Information clearly comes from authentic assessment including a family assessment tool. <input type="checkbox"/> All 5 developmental domains are addressed.	<input type="checkbox"/> All items from Rubric #2 are checked. <input type="checkbox"/> Listing of all relevant types of information used to develop My Child's Story including dates. <input type="checkbox"/> In-depth description of strengths, needs, routines, natural learning opportunities & child interest used to develop the ECO area. <input type="checkbox"/> Information included in each of the three ECO areas is clearly associated with that ECO area. <input type="checkbox"/> What the family would like to see change about the routines/activity is fully and individually addressed for each ECO area.
Comments:		
Family concerns/priorities and resources		Section Total _____
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> No family assessment tool was identified.* <input type="checkbox"/> Family priorities derived from Family assessment tool are not included <input type="checkbox"/> Family priorities derived from My Child's Story are not reflected. <input type="checkbox"/> Concerns are identified as services or nonfunctional tasks. <input type="checkbox"/> Family concerns/ priorities are documented as domains, stated too broadly or are not understandable. <input type="checkbox"/> Priorities are listed in broad/generic terms. <input type="checkbox"/> Family strengths are only referenced by a single activity or who resides in home.	<input type="checkbox"/> Family concerns and priorities derived from the family assessment tool are listed. <input type="checkbox"/> Priorities are specific to the needs of this family and child. <input type="checkbox"/> Concerns are prioritized. <input type="checkbox"/> Concerns and priorities are written in family friendly language and are clearly understandable. <input type="checkbox"/> Context of routines/activities is included in the concern or priority. <input type="checkbox"/> Family strengths and resources are listed and go beyond parents and child.	<input type="checkbox"/> All items from Rubric #2 are included. <input type="checkbox"/> IFSP outcomes are cross referenced with parent concerns/priorities. <input type="checkbox"/> All priorities are described functionally. <input type="checkbox"/> Priorities of the Family reflect child level needs, family needs in reference to support of child development and individual support for family members /needs of family unit. <input type="checkbox"/> Services and supports that may be needed/ desired but are not Part C services are included. <input type="checkbox"/> Family strengths include a description of the family including people, resources and supports beyond the parent and child, including as applicable, connections the family

		does not have, but would like. (Could include an ECO map).
Comments:		

Outcomes		Outcome Total _____
<i>Use an additional page for each outcome included in the IFSP</i>		
Outcome # _____		
What would you like to see happen?		
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> Outcome is vague, too broadly stated, or includes undefined jargon. <input type="checkbox"/> Outcome is not developmentally appropriate/realistically achievable. <input type="checkbox"/> Has little or no relationship to present levels of development or family concerns and priorities. <input type="checkbox"/> Outcome is to only tolerate or extinguish a behavior.	<input type="checkbox"/> Outcome is written in family friendly language. <input type="checkbox"/> Is clearly linked to family priorities listed on page 8 of IFSP <input type="checkbox"/> Includes <ul style="list-style-type: none"> • what family would like to see happen for child and family • what is happening now • how will we know we've made progress or if revisions are needed <input type="checkbox"/> Outcome is written in context of daily activity/routine. <input type="checkbox"/> Outcome is functional.	<input type="checkbox"/> All items from Rubric #2 are checked. <input type="checkbox"/> Outcome is specific and functional, it is necessary for successful functioning for this child and his/her family within routines. <input type="checkbox"/> It clearly contains only one outcome.
How will we know we've made progress or if revisions are needed to outcomes or services?		
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> Criteria are vague/not observable. <input type="checkbox"/> Appears to be a direct repeat of outcome. <input type="checkbox"/> Is not functional. <input type="checkbox"/> Is not measurable. <input type="checkbox"/> Timeline is missing or only defined by 6 month or annual review date.	<input type="checkbox"/> Criteria are functional. <input type="checkbox"/> An observable action or behavior is described to show progress. <input type="checkbox"/> There is a procedure to measure progress. <input type="checkbox"/> Timelines are based on a realistic point of reference.	<input type="checkbox"/> All items from Rubric #2 are checked. <input type="checkbox"/> Criteria are obviously linked to the outcome. <input type="checkbox"/> Procedures involve parents/caregivers. <input type="checkbox"/> Timelines are based on a family priority.
Review (How did we do?)		
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> Outcomes are not reviewed at least every 6 months.* <input type="checkbox"/> No review section is completed to coincide with outcome review.*	<input type="checkbox"/> Description of progress based on criteria is included. <input type="checkbox"/> Option for revising, continuing or discontinuing is included. <input type="checkbox"/> IFSP review section and signature completed that coincides with outcome review.	<input type="checkbox"/> All items from Rubric #2 are checked. <input type="checkbox"/> Progress is clearly described and reasons for revision, discontinuance or continuing on are documented. <input type="checkbox"/> N/A as we have not yet reviewed this outcome.

Comments:

Services		Section Total _____
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> One or more fields not complete.* <input type="checkbox"/> It is not evident who the primary service provider is. * <input type="checkbox"/> It is not evident who the service coordinator is. <input type="checkbox"/> Services indicate that services are not being provided in accordance with Mission and Key Principles (services being provided by multiple providers in isolation, or mirrored services). <input type="checkbox"/> Description of services is a generic statement and not individualized to this plan. <input type="checkbox"/> Funding statement is generic and not individualized to this plan.	<input type="checkbox"/> All fields are complete. <input type="checkbox"/> All services are appropriate and consistent with outcomes. <input type="checkbox"/> Frequency/Length seems adequate given diagnosis/family strengths and needs/family priority/outcomes. <input type="checkbox"/> Description of services is individual to this plan. <input type="checkbox"/> Funding statement is individual to this plan.	<input type="checkbox"/> All items from Rubric #2 are checked. <input type="checkbox"/> Description of services is individualized and clearly indicates services consistent with the Mission and Key Principles <input type="checkbox"/> Statement is written in a way that is clearly understood by the family. <input type="checkbox"/> Funding statement is individualized and could be clearly understood by the family.
Comments:		
Natural Environments		Section Total _____
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> One or more services are provided in a non natural environment without justification.* <input type="checkbox"/> Justification statement is based solely on provider or parent preference.	Justification Needed? <input type="checkbox"/> Yes –one or more services not provided in a natural environment. <input type="checkbox"/> Justification is based on the child and child outcomes, and not on provider or parent preference alone. <input type="checkbox"/> No –All services are provided in natural environments.	<input type="checkbox"/> All services are provided in natural environments. If Justification is needed, the statement includes: <input type="checkbox"/> Why services cannot be provided in a natural environment based on child’s outcome. <input type="checkbox"/> How the intervention will be generalized into a child and family’s activities and routines. <input type="checkbox"/> Plan for moving the interventions/services into a natural setting.
Comments:		

IFSP Agreement		Section Total _____
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> One or more section not completed.* <input type="checkbox"/> Multidisciplinary team participation is not evident.	<input type="checkbox"/> All required documentation sections are completed and accurate. <input type="checkbox"/> MD Team involvement is evident.	<input type="checkbox"/> All items from Rubric #2 are checked. <input type="checkbox"/> Other contributors are identified and type of involvement is noted.
Comments: 		

Transition Plan		Section Total _____
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> No transition plan developed at least 90 days prior to 3 rd Birthday. * <input type="checkbox"/> School district information is not completed. <input type="checkbox"/> No review section completed if plan is not part of an initial or annual IFSP process.*	<input type="checkbox"/> Plan developed 9 months to 90 days prior to third birthday. <input type="checkbox"/> School district information is completed. <input type="checkbox"/> Family priorities for child's transition are fully described. <input type="checkbox"/> Transition plan form is fully completed. <input type="checkbox"/> Parental agreement to hold a transition conference as indicated. <input type="checkbox"/> IFSP review documentation is completed as needed with the transition plan. <input type="checkbox"/> Evidence that Guidance for late referrals to Part C was followed	<input type="checkbox"/> All items from Rubric #2 are checked. <input type="checkbox"/> Plan is developed with enough time to prepare for the transition conference (not one and the same.) <input type="checkbox"/> Individual steps to meet the family priorities for transition are fully documented. <input type="checkbox"/> If a transition conference with Part B is not going to be held, other transition activities are fully described. <input type="checkbox"/> Plan documents who parents would like to attend the IEP meeting.
Comments:		
Transition Conference <i>With parental permission</i>		Section Total _____
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> Conference not held at least 90 days prior to child's 3 rd Birthday.* <input type="checkbox"/> Conference documentation is incomplete. <input type="checkbox"/> No review section completed if plan is not part of an initial or annual IFSP process.*	<input type="checkbox"/> Conference held at least 90 days prior to child's 3 rd Birthday. <input type="checkbox"/> Plan is fully documented including persons responsible. <input type="checkbox"/> Plan is individualized to child and family. <input type="checkbox"/> IFSP review documentation is completed as needed with the transition plan.	<input type="checkbox"/> All items from Rubric #2 are checked. <input type="checkbox"/> Conference addresses priorities for transition as determined by the parents in the transition plan. <input type="checkbox"/> Plan includes timelines for activities to be completed by the child's 3 rd Birthday.
Comments:		

Procedural Safeguards		Section Total _____
0 Not Acceptable	2 Acceptable	4 Best Practice
<input type="checkbox"/> PWN is missing for each instance of one or more of the following:* Eligibility IFSP meeting IFSP review Transition Plan Transition Conference. <input type="checkbox"/> Consent for Evaluation/Assessment is missing.* <input type="checkbox"/> Notice to Bill Medicaid is not included if needed.* <input type="checkbox"/> Notice to Bill Tricare is not included if needed.* <input type="checkbox"/> No Release of Information is included.* <input type="checkbox"/> No Consent to Bill Private Insurance is present for initial and increases in services if needed.* <input type="checkbox"/> No signature on required forms.*	<input type="checkbox"/> PWN is included for each instance of one or more of the following as applicable: Eligibility IFSP meeting IFSP review Transition Plan Transition Conference. <input type="checkbox"/> Consent for Evaluation/Assessment is included. <input type="checkbox"/> Notice to Bill Medicaid included as needed. <input type="checkbox"/> Notice to Bill Tricare is included if needed. <input type="checkbox"/> Release of Information is included. <input type="checkbox"/> Consent to Bill Private Insurance is present for initial and increases in services if needed. <input type="checkbox"/> Valid signatures on all required forms.	<input type="checkbox"/> All items are checked in Rubric #2. <input type="checkbox"/> All forms can be cross referenced to other paperwork as applicable. <input type="checkbox"/> All billing forms can be cross referenced to funding statement.
Comments: 		